

## Integrated Impact Assessment Report for Clinical Commissioning Policies

<b>Service Specification Reference Number</b>	1661		
<b>Service Specification Title</b>	Adult Critical Care		
<b>Lead Commissioner</b>	Katharine Young	<b>Clinical Leads</b>	Jane Eddleston
<b>Finance Lead</b>	Peter Davies	<b>Analytical Lead</b>	

### Integrated Impact Assessment – Index

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#### 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.	Adult Critical Care underpins all secondary and specialist adult services. Critical Care incorporates both intensive and high dependency care (ITU/HDU). Specifically this service specification is for adults who have a specialised commissioned pathway which incorporates the need for or availability to Adult Critical Care (level 2 and 3) as a component of their pathway of care.
A1.2 Number of patients currently eligible for the treatment according to the proposed Service Specification commissioning criteria.	<p><i>The total number of critical care bed days billed to specialised commissioning is on average 41,000 per month.</i></p> <p><i>Source: Specialised Services Critical Care Activity Analysis 06/07/2018</i></p>
A1.3 Age group for which the treatment is proposed according to the Service Specification commissioning criteria.	<p><b>Adults</b> defined as 18 years or older ; but patients aged 16 to 18 years are also covered by this specification</p> <p><i>See 3.1 Service Specification</i></p> <p><i>Click here to enter text.</i></p>
A1.4 Age distribution of the patient population eligible according to the proposed Service Specification commissioning criteria	<p><i>Adults ( see A1.3)</i></p> <p><i>Source: Service Specification section 3.1 <a href="#">Service Specification</a></i></p>

A1.5 How is the population currently distributed geographically?	<b>Evenly</b> There is no known evidence of differences in geographical distribution in England for people requiring critical care.																
<b>A2 Future Patient Population &amp; Demography</b>																	
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?	<b>Increasing</b> Critical care activity has seen an average annual increase of 3.8% per year since 2014. <i>Source: Service Specification sec 3.2</i>																
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	Yes <i>With an ageing population the types of and number of specialised procedures undertaken are likely to increase.</i> <i>Source: Service Specification sec 3.3</i>																
A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed service specification commissioning criteria, per year in years 2-5 and 10?	<p>The number of patients admitted to critical care for specialised services is not recorded as payments to service providers are based on occupied bed days. The table below is an extract from the 2016-17 Reference Costs for Adult Critical Care and shows the total adult critical care bed days and critical care periods (proxy for patients). This covers both specialised and CCG commissioned care.</p> <table><tr><th>Type of Unit</th><th>No. of Critical Care Periods</th><th>No. of Bed Days</th><th>Average Length of Stay</th></tr><tr><td>Burns and plastic surgery adult patients predominate</td><td>1,489</td><td>9,514</td><td>6.39</td></tr><tr><td>Cardiac surgical adult patients predominate</td><td>51,984</td><td>178,077</td><td>3.43</td></tr><tr><td>Liver adult patients predominate</td><td>1,271</td><td>7,744</td><td>6.09</td></tr></table>	Type of Unit	No. of Critical Care Periods	No. of Bed Days	Average Length of Stay	Burns and plastic surgery adult patients predominate	1,489	9,514	6.39	Cardiac surgical adult patients predominate	51,984	178,077	3.43	Liver adult patients predominate	1,271	7,744	6.09
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	Medical adult patients (unspecified specialty)	20,016	78,995	3.95
	Neurosciences adult patients predominate	15,531	76,843	4.95
	Non-specific, general adult critical care patients predominate	216,843	967,637	4.46
	Non-standard location using a ward area	4,180	17,946	4.29
	Non-standard location using the operating department	3,119	7,733	2.48
	Obstetric and gynaecology critical care patients predominate	4,419	10,049	2.27
	Renal adult patients predominate	3,626	15,914	4.39
	Spinal adult patients predominate	1,463	5,888	4.02
	Surgical adult patients (unspecified specialty)	42,060	97,111	2.31
	Thoracic surgical adult patients predominate	6,944	25,838	3.72
	<b>Grand Total</b>	<b>372,945</b>	<b>1,499,289</b>	<b>4.02</b>
	<i>Source: 2016-17 National Reference Cost Collection</i>			
	Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.			

<b><u>N/A</u></b>
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<b>A3 Activity</b>	
A3.1 What is the purpose of new Service Specification?	<b><u>Revise and update existing specification</u></b>
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	Patients requiring critical care will follow the current pathway ( including eligibility criteria) See Service specification sec 2.1

A3.3 What is the estimated annual activity associated with the proposed Service Specification pathway for the eligible population?	No change – see A3.2 <i>Source: Service Specification Working Group</i>
A3.4 What is the estimated annual activity associated with the next best alternative comparator pathway for the eligible population? If the only alternative is the existing pathway, please state 'not applicable' and move to A4.	There is no other treatment option for patients who require level 2 and 3 critical care support  <i>Source: Service Specification Working Group</i>
<b>A4 Existing Patient Pathway</b>	
A4.1 <b>Existing pathway:</b> Describe the relevant currently routinely commissioned: <ul style="list-style-type: none"> <li>• Treatment or intervention</li> <li>• Patient pathway</li> <li>• Eligibility and/or uptake estimates.</li> </ul>	No change in current pathway for treatment
A4.2. What are the current treatment access and stopping criteria?	<i>Source: Service Specification , Service Specification Working Group</i>
A4.3 What percentage of the total eligible population is expected to: <ul style="list-style-type: none"> <li>a) Be clinically assessed for treatment</li> <li>b) Be considered to meet an exclusion criteria following assessment</li> <li>c) Choose to initiate treatment</li> <li>d) Comply with treatment</li> <li>e) Complete treatment?</li> </ul>	If not known, please specify <ul style="list-style-type: none"> <li>a) 100%</li> <li>b) 0%</li> <li>c) 100%</li> <li>d) 100%</li> <li>e) 100%</li> </ul> <i>Source: Service Specification Working Group</i>

## A5 Comparator (next best alternative treatment) Patient Pathway

(NB: comparator/next best alternative does not refer to current pathway but to an alternative option)

### A5.1 Next best comparator:

Is there another 'next best' alternative treatment which is a relevant comparator?

If yes, describe relevant

- Treatment or intervention
- Patient pathway
- Actual or estimated eligibility and uptake

**No**

If yes, Click here to enter text.

Source: Service Specification Working Group

A5.2 What percentage of the total eligible population is estimated to:

- a) Be clinically assessed for treatment
- b) Be considered to meet an exclusion criteria following assessment
- c) Choose to initiate treatment
- d) Comply with treatment
- e) Complete treatment?

Not applicable

- a) 100%
- b) 0%
- c) 100%
- d) 100%
- e) 10%

Source: Service Specification working group

## A6 New Patient Pathway

A6.1 What percentage of the total eligible population is expected to:

- a) Be clinically assessed for treatment
- b) Be considered to meet an exclusion criteria following assessment
- c) Choose to initiate treatment

If not known, please specify

- a) 100%
- b) 0%
- c) 100%
- d) 100%
- e) 100%

d) Comply with treatment e) Complete treatment?	Source: Service Specification Working Group																			
A6.2 Specify the nature and duration of the proposed new treatment or intervention.	<b>Time limited</b> Source: Service Specification , Service Specification Working Group																			
<b>A7 Treatment Setting</b>																				
A7.1 How is this treatment delivered to the patient?	<p>Select all that apply:</p> <table border="1"> <tr> <td>Emergency/Urgent care attendance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: inpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acute Trust: day patient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input 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> <p>Please specify:  <b>Critical care unit</b></p>		Emergency/Urgent care attendance	<input type="checkbox"/>	Acute Trust: inpatient	<input checked="" type="checkbox"/>	Acute Trust: day patient	<input type="checkbox"/>	Acute Trust: outpatient	<input 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"/>
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A7.2 What is the current number of contracted providers for the eligible population by region?	<table border="1"> <tr> <td></td> <td>Critical Care</td> </tr> <tr> <td>NORTH</td> <td></td> </tr> </table>			Critical Care	NORTH															
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A7.3 Does this require a change of delivery setting or capacity requirements?	<p><b><u>No</u></b></p> <p>Source: Service Specification Working Group</p>																				
<b>A8 Coding</b>																					
<p>A8.1 Specify the datasets used to record the new patient pathway activity.</p> <p>*expected to be populated for all commissioned activity</p>	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Aggregate Contract Monitoring *</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Patient level contract monitoring</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Patient level drugs dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Patient level devices dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Devices supply chain reconciliation dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Secondary Usage Service (SUS+)</td><td><input type="checkbox"/></td></tr> <tr> <td>Mental Health Services DataSet (MHSDS)</td><td><input type="checkbox"/></td></tr> <tr> <td>National Return**</td><td><input type="checkbox"/></td></tr> <tr> <td>Clinical Database**</td><td><input type="checkbox"/></td></tr> <tr> <td>Other**</td><td><input type="checkbox"/></td></tr> </table>	Aggregate Contract Monitoring *	<input checked="" type="checkbox"/>	Patient level contract monitoring	<input checked="" 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 type="checkbox"/>	Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>	National Return**	<input type="checkbox"/>	Clinical Database**	<input type="checkbox"/>	Other**	<input type="checkbox"/>
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Other**	<input type="checkbox"/>																				

	**If National Return, Clinical database or other selected, please specify:														
A8.2 Specify how the activity related to the new patient pathway will be identified.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>OPCS v4.8</td><td><input type="checkbox"/></td></tr> <tr> <td>ICD10</td><td><input type="checkbox"/></td></tr> <tr> <td>Treatment function code</td><td><input type="checkbox"/></td></tr> <tr> <td>Main Speciality code</td><td><input type="checkbox"/></td></tr> <tr> <td>HRG</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>SNOMED</td><td><input type="checkbox"/></td></tr> <tr> <td>Clinical coding / terming methodology used by clinical profession</td><td><input type="checkbox"/></td></tr> </table>	OPCS v4.8	<input type="checkbox"/>	ICD10	<input type="checkbox"/>	Treatment function code	<input type="checkbox"/>	Main Speciality code	<input type="checkbox"/>	HRG	<input checked="" type="checkbox"/>	SNOMED	<input type="checkbox"/>	Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>
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A8.3 <b>Identification Rules for Drugs:</b> How are drug costs captured?	<b><u>Not applicable</u></b>														
A8.4 <b>Identification Rules for Devices:</b> How are device costs captured?	<b><u>Not applicable</u></b>														
A8.5 <b>Identification Rules for Activity:</b> How are activity costs captured?	<p><b><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></b></p> <p>Adult critical care charges are linked to the associated inpatient spell and will therefore be recorded against numerous NCBPS codes.</p>														

<b>A9 Monitoring</b>							
<b>A9.1 Contracts</b> Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.	<u><b>None</b></u> Click here to enter text.						
<b>A9.2 Excluded Drugs and Devices (not covered by the Zero Cost Model)</b> For treatments which are tariff excluded drugs or devices not covered by the Zero Cost Model, specify the pharmacy or device monitoring required, for example reporting or use of prior approval systems.	<i>Select all that apply:</i> <table border="1"> <tr> <td>Drugs or Device MDS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Blueteq</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other prior approval</td> <td><input type="checkbox"/></td> </tr> </table> Please specify: Click here to enter text.	Drugs or Device MDS	<input type="checkbox"/>	Blueteq	<input type="checkbox"/>	Other prior approval	<input type="checkbox"/>
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<b>A9.3 Business intelligence</b> Is there potential for duplicate reporting?	<u><b>No</b></u> If yes, please specify mitigation: Click here to enter text.						
<b>A9.4 Contract monitoring</b> Is this part of routine contract monitoring?	<u><b>Yes</b></u> Reporting of activity via SUS with the associate activity spell						
<b>A9.5 Dashboard reporting</b> Specify whether a dashboard exists for the proposed intervention?	<u><b>Yes</b></u> dashboard to be published alongside service specification Click here to enter text.						

<b>A9.6 NICE reporting</b> Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new Service Specification?	<b><u>No</u></b>				
<b>Section B - Service Impact</b>					
<b>B1 Service Organisation</b>					
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	<i>Source: Service Specification</i>				
B1.2 Will the specification change the way the commissioned service is organised?	<b><u>No</u></b>  <i>Source: Service Specification Working Group</i>				
B1.3 Will the specification require a new approach to the organisation of care?	<b>No</b>				
<b>B2 Geography &amp; Access</b>					
B2.1 Where do current referrals come from?	<i>Select all that apply:</i> <table border="1"> <tr> <td>GP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondary care</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	GP	<input type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>
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Tertiary care	<input checked="" type="checkbox"/>				
Other	<input checked="" type="checkbox"/>				
B2.2 What impact will the new Service Specification have on the sources of referral?	<b><u>No impact</u></b> .				
B2.3 Is the new Service Specification likely to improve equity of access?	<b><u>No impact</u></b> Please specify: <i>Source: Equalities Impact Assessment</i>				
B2.4 Is the new Service Specification likely to improve equality of access and/or outcomes?	<b><u>Increase</u></b> Please specify: Will improve outcomes for patients due to increased compliance with best practice standards				
<b>B3 Implementation</b>					
B3.1 Will commissioning or provider action be required before implementation of the specification can occur?	<b><u>No action required</u></b> Please specify: The specification adds further clarification to the current published specification and updates this				
B3.2 Time to implementation:	<b><u>No - go to B3.4</u></b>				

Is a lead-in time required prior to implementation?	If yes, specify the likely time to implementation:
<b>B3.3 Time to implementation:</b> If lead-in time is required prior to implementation, will an interim plan for implementation be required?	<b><u>No - go to B3.4</u></b> : Click here to enter text.
B3.4 Is a change in provider physical infrastructure required?	<b><u>No</u></b>
B3.5 Is a change in provider staffing required?	<b><u>No</u></b> See above
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<b><u>No</u></b> Please specify:
B3.7 Are there changes in the support services that need to be in place?	<b><u>No</u></b> Please specify:
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<b><u>No</u></b> Please specify:
B3.9 Is there likely to be either an increase or decrease in the number of commissioned providers? If yes,	<b><u>Increase</u></b> <i>Please complete table:</i> Not applicable

specify the current and estimated number of providers required in each region	Region	Current no. of providers	Future State expected range	Provisional or confirmed
	North	8	8	<u>C</u>
	Midlands & East	5	5	<u>P</u>
	London	6	6	<u>C</u>
	South	5	5	<u>C</u>
	Total	24	24	<u>C</u>
	Please specify: Not applicable			

  

B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	<i>Select all that apply:</i>	
	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 type="checkbox"/>
	Price-based selection process to maximise cost effectiveness	<input type="checkbox"/>
	Any qualified provider	<input checked="" type="checkbox"/>
	National Commercial Agreements e.g. drugs, devices	<input type="checkbox"/>
	Procurement	<input type="checkbox"/>
Other	<input type="checkbox"/>	
Please specify:		

	Click here to enter text.																							
<b>B4 Place-based Commissioning</b>																								
B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)	<b>No</b> Please specify: Click here to enter text.																							
<b>Section C - Finance Impact</b>																								
<b>C1 Tariff/Pricing</b>																								
C1.1 How is the service contracted and/or charged? Only specify for the relevant section of the patient pathway	<p><i>Select all that apply:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%; text-align: center;"><b>Drugs</b></td><td style="width: 70%;">Not separately charged – part of local or national tariffs</td><td style="width: 15%; text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Excluded from tariff – pass through</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Excluded from tariff - other</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td rowspan="4" style="text-align: center;"><b>Devices</b></td><td>Not separately charged – part of local or national tariffs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Excluded from tariff (excluding ZCM) – pass through</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Excluded from tariff (excluding ZCM) – other</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Via Zero Cost Model</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td rowspan="3" style="text-align: center;"><b>Activity</b></td><td>Paid entirely by National Tariffs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Paid entirely by Local Tariffs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr> <td>Partially paid by National Tariffs</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	<b>Drugs</b>	Not separately charged – part of local or national tariffs	<input type="checkbox"/>	Excluded from tariff – pass through	<input type="checkbox"/>	Excluded from tariff - other	<input type="checkbox"/>	<b>Devices</b>	Not separately charged – part of local or national tariffs	<input 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"/>	<b>Activity</b>	Paid entirely by National Tariffs	<input type="checkbox"/>	Paid entirely by Local Tariffs	<input type="checkbox"/>	Partially paid by National Tariffs	<input type="checkbox"/>
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<b>C1.2 Drug Costs</b> Where not included in national or local tariffs, list each drug or combination, dosage, quantity, <b>list</b> 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 are subject to commercial confidentiality and must not be disclosed.	Not applicable								
<b>C1.3 Device Costs</b> Where not included in national or local tariff, list each element of the excluded device, quantity, <b>list or expected</b> 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.	Not applicable								
<b>C1.4 Activity Costs covered by National Tariffs</b> List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Not applicable								

<p><b>C1.5 Activity Costs covered by Local Tariff</b> 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.</p>	<p>There is a nationally mandated currency for adult critical care as follows:</p> <table border="0"> <tr><td>XC01Z</td><td>Adult Critical Care, 6 or more Organs Supported</td></tr> <tr><td>XC02Z</td><td>Adult Critical Care, 5 Organs Supported</td></tr> <tr><td>XC03Z</td><td>Adult Critical Care, 4 Organs Supported</td></tr> <tr><td>XC04Z</td><td>Adult Critical Care, 3 Organs Supported</td></tr> <tr><td>XC05Z</td><td>Adult Critical Care, 2 Organs Supported</td></tr> <tr><td>XC06Z</td><td>Adult Critical Care, 1 Organ Supported</td></tr> <tr><td>XC07Z</td><td>Adult Critical Care, 0 Organs Supported</td></tr> </table> <p>The average cost per bed day as per 2016/17 Reference Costs is £1,296</p>	XC01Z	Adult Critical Care, 6 or more Organs Supported	XC02Z	Adult Critical Care, 5 Organs Supported	XC03Z	Adult Critical Care, 4 Organs Supported	XC04Z	Adult Critical Care, 3 Organs Supported	XC05Z	Adult Critical Care, 2 Organs Supported	XC06Z	Adult Critical Care, 1 Organ Supported	XC07Z	Adult Critical Care, 0 Organs Supported
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XC06Z	Adult Critical Care, 1 Organ Supported														
XC07Z	Adult Critical Care, 0 Organs Supported														
<p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b> Include descriptions and estimates of all key costs.</p>	<p>Not applicable</p>														
<p>C1.7 Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p><b>No</b> Please specify:</p>														
<p><b>C2 Average Cost per Patient</b></p>															
<p>C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required? Are there any changes expected in year 6-10 which would impact the model?</p>	<p>The average cost per critical care period in 2016/17 was £5,210.</p> <p>No</p>														
<p><b>C3 Overall Cost Impact of this Service Specification to NHS England</b></p>															

C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<p><b><u>Cost neutral</u></b></p> <p>A separate analysis of the service specification standards has been undertaken to assess any potential financial impact and it is not anticipated that there will be any direct impact on local prices.</p>
<b>C4 Overall cost impact of this Service Specification to the NHS as a whole</b>	
C4.1 Specify the budget impact of the proposal on other parts of the NHS.	<p>Budget impact for CCGs: <b><u>Cost neutral</u></b></p> <p>Budget impact for providers: <b><u>No impact on providers</u></b></p> <p>Please specify: It is not anticipated that there will be an impact on providers as most providers should already be meeting the standards set out in the service specification.</p>
C4.2 Taking into account responses to C3.1 and C4.1 specify the budget impact to the NHS as a whole.	<p><b><u>Cost neutral</u></b></p> <p>Please specify: Cost neutral as updating current service specification.</p>
C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured	Not applicable
C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?	<p><b><u>No</u></b></p> <p>Please specify:</p>

<b>C5 Funding</b>	
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.	N/A
<b>C6 Financial Risks Associated with Implementing this Service Specification</b>	
C6.1 What are the material financial risks to implementing this Service Specification?	Not applicable
C6.2 How can these risks be mitigated?	Not applicable
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	Not applicable
C6.4 What scenario has been approved and why?	Not applicable
<b>C7 Value for Money</b>	
C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence	<b><u>Published evidence indicates the treatment has the potential to be cost-effective</u></b> Please specify:

review?	NICE- TAs listed within the specification														
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 treatment is equivalent cost compared to current/comparator treatment</td><td><input type="checkbox"/></td></tr> <tr> <td>Available pricing data suggests the treatment is lower cost compared to current/comparator treatment</td><td><input type="checkbox"/></td></tr> <tr> <td>Available clinical practice data suggests the new treatment has the potential to improve value for money</td><td><input type="checkbox"/></td></tr> <tr> <td>Other data has been identified</td><td><input type="checkbox"/></td></tr> <tr> <td>No data has been identified</td><td><input type="checkbox"/></td></tr> <tr> <td>The data supports a high level of certainty about the impact on value</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>The data does not support a high level of certainty about the impact on value</td><td><input type="checkbox"/></td></tr> </table> <p>Please specify:</p>	Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment	<input type="checkbox"/>	Available pricing data suggests the treatment is lower cost compared to current/comparator treatment	<input type="checkbox"/>	Available clinical practice data suggests the new treatment 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 type="checkbox"/>	The data supports a high level of certainty about the impact on value	<input checked="" type="checkbox"/>	The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>
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No data has been identified	<input type="checkbox"/>														
The data supports a high level of certainty about the impact on value	<input checked="" type="checkbox"/>														
The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>														
<b>C8 Cost Profile</b>															
C8.1 Are there non-recurrent capital or revenue costs associated with this Service Specification?	<p><b><u>No</u></b></p> <p>If yes, specify type and range:</p>														

C8.2 If yes, confirm the source of funds to meet these costs.	
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