

**Integrated Impact Assessment Report for Service Specifications
Draft for Consultation**

Service Specification Reference Number	1767		
Service Specification Title	Adult Highly Specialist Pain Management Services Proposal <u>for routine commission</u> (source A3.1)		
Lead Commissioner	Helen Morrison	Clinical Lead	John Hughes
Finance Lead	Jazz Nandra	Analytical Lead	Click here to enter text.

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.

DRAFT

Section A - Activity Impact

A1 Current Patient Population & Demography / Growth

<p>A1.1 Prevalence of the disease/condition.</p>	<p>Chronic pain is recognised as a long term condition in its own right, or as a component of other long term conditions. It is estimated that around eight million people in the UK suffer with moderate to severely disabling chronic pain.</p> <p><i>Source: Service Specification Proposition section 3.2</i></p>
<p>A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.</p>	<p>Adult highly specialist pain management services work alongside other specialities such as neurology, neurosurgery and cancer services, providing comprehensive care to patients, often through interdisciplinary working. Referrals are most commonly received from consultants in neurosciences disciplines and cancer. It is difficult to quantify this because of the issues surrounding how 'pain' is coded and the fact that it is part of so many other activity pathways/spells relating to other specialties such as cancer/neurosciences.</p> <p><i>Source: Service Specification Working Group</i></p>
<p>A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.</p>	<p><u>Adults</u></p>
<p>A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria</p>	<p>Not relevant</p>
<p>A1.5 How is the population currently distributed geographically?</p>	<p><u>Evenly</u></p>

If unevenly, estimate regional distribution by %:

North	enter %
Midlands & East	enter %
London	enter %
South	enter %

There is no known evidence of differences in geographical distribution in England for people requiring adult highly specialist pain management

A2 Future Patient Population & Demography

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?

Increasing

Alongside the general increase in demand for pain management services that goes hand-in-hand with an ageing population, it is anticipated that there will be an increase in the need for interventions such as cordotomy (due to an increase in cases of mesothelioma) and an increase in the need for cancer-related pain management (including post-surgical and chemotherapy-induced neuropathic pain) because of improving cancer survival rates. However, it is difficult to quantify this because of the issues surrounding how 'pain' is coded and the fact that it is part of so many other activity pathways/spells relating to other specialties such as cancer/neurosciences.

Source: Service specification section 3.3

A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?

No

Source: Service specification working group

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?

YR2 +/-	N/A
YR3 +/-	N/A
YR4 +/-	N/A
YR5 +/-	N/A
YR10 +/-	N/A

Source: Service specification proposition section 3.3 and point A2.1 above in relation to issues around coding and quantifying current activity

Yes

Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.

A3 Activity

A3.1 What is the purpose of new service specification?

Revision to an existing published service specification

The purpose and benefits of introducing a revised service specification are in line with those outlined in the PSSP, and they are:

- Incorporation of best practice
- Improved patient experience
- More clinically effective service model / clearer model of care
- Clearer wording
- Use of new template

A3.2 What is the annual activity associated with the existing pathway for the eligible population?

Adult highly specialist pain management services work alongside other specialities such as neurology, neurosurgery and cancer services, providing comprehensive care to patients, often through interdisciplinary

	<p>working. Referrals are most commonly received from consultants in neurosciences disciplines and cancer. It is difficult to quantify annual activity because of this.</p> <p><i>Source: Service Specification Working Group</i></p>
<p>A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?</p>	<p>No change – see A3.2</p> <p><i>Source: Service Specification Working Group</i></p>
<p>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.</p>	<p>Not applicable.</p> <p><i>Source: Service Specification Working Group</i></p>
<p>A4 Patient Pathway</p>	
<p>A4.1 Patient pathway Describe the current patient pathway and service.</p>	<p>Referrals to adult highly specialist pain management services for assessment and treatment will be primarily for the following reasons:</p> <ul style="list-style-type: none"> • A second opinion when requested by a specialist pain management centre (in secondary care) • Specific multidisciplinary assessment and management of chronic pain for those patients who have a realistic potential for improvement, but who have not responded to treatment or interventions provided by specialist pain management services in secondary care • Cordotomy for specific cancer pain • Other neurolytic procedures where expertise is not available within

	<p>specialist pain management services (secondary care)</p> <ul style="list-style-type: none"> • Neurosurgical brain procedures for pain • Inpatient drug optimization programs (including opioid management programs) <p><i>Source: Service Specification section 2</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>Referrals will be from specialist (secondary care) pain management services only, when a patient has been assessed as having chronic refractory pain requiring highly specialist advice and/or intervention.</p> <p><i>Source: Service Specification section 2.1</i></p>
<p>A4.3 What percentage of the total eligible population are:</p> <ol style="list-style-type: none"> a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria 	<p>Data is hard to capture as the majority of referrals will either treated on an outpatient basis, or they will be within inpatient spells for neurosciences and/or cancer and therefore not easily identifiable</p> <p><i>Source: Service Specification Working Group</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p> <ol style="list-style-type: none"> 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? 	<p>See point 4.3 above</p>
<p>A4.5 Specify the nature and duration of the proposed new service or intervention.</p>	<p>Not applicable, as this is a revised service specification and does not relate to a new service</p>

A5 Service Setting

A5.1 How is this service delivered to the patient?

Select all that apply:

Emergency/Urgent care attendance	<input type="checkbox"/>
Acute Trust: inpatient	<input checked="" type="checkbox"/>
Acute Trust: day patient	<input checked="" 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 checked="" type="checkbox"/>
Homecare	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

[Click here to enter text.](#)

A5.2 What is the current number of contracted providers for the eligible population by region?

NORTH	4
MIDLANDS & EAST	0
LONDON	3
SOUTH	2

This includes 2 paediatric centres that treat patients up to the age of 19
(As defined by IR rules)

A5.3 Does the proposition require a change of delivery setting or capacity requirements?

No

Source: Service Specification Working Group

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 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 checked="" 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:

	<table border="1"> <tr> <td data-bbox="1079 97 1753 156">OPCS v4.8</td> <td data-bbox="1753 97 1841 156"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 156 1753 215">ICD10</td> <td data-bbox="1753 156 1841 215"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 215 1753 274">Service function code</td> <td data-bbox="1753 215 1841 274"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 274 1753 333">Main Speciality code</td> <td data-bbox="1753 274 1841 333"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 333 1753 392">HRG</td> <td data-bbox="1753 333 1841 392"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 392 1753 451">SNOMED</td> <td data-bbox="1753 392 1841 451"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 451 1753 544">Clinical coding / terming methodology used by clinical profession</td> <td data-bbox="1753 451 1841 544"><input type="checkbox"/></td> </tr> </table>	OPCS v4.8	<input checked="" type="checkbox"/>	ICD10	<input checked="" type="checkbox"/>	Service function code	<input checked="" type="checkbox"/>	Main Speciality code	<input checked="" type="checkbox"/>	HRG	<input checked="" type="checkbox"/>	SNOMED	<input type="checkbox"/>	Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>
OPCS v4.8	<input checked="" type="checkbox"/>														
ICD10	<input checked="" type="checkbox"/>														
Service function code	<input checked="" type="checkbox"/>														
Main Speciality code	<input checked="" type="checkbox"/>														
HRG	<input checked="" type="checkbox"/>														
SNOMED	<input type="checkbox"/>														
Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>														
A6.3 Identification Rules for Drugs: How are any drug costs captured?	<u>Not applicable</u>														
A6.4 Identification Rules for Devices: How are device costs captured?	<u>Already covered by an existing category of HCTED and commissioned via the Zero Cost Model</u>														
A6.5 Identification Rules for Activity: How are activity costs captured?	<u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u> See A1.2. Specialised Pain activity may be captured under the service line for NCBPS31Z-Specialised Pain (Pain Management). In most cases activity will be part of the spell for a number of different specialties e.g. Cancer, Neurosciences, etc														
A7 Monitoring															

<p>A7.1 Contracts 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>None</u></p>
<p>A7.2 Business intelligence Is there potential for duplicate reporting?</p>	<p><u>No</u></p>
<p>A7.3 Contract monitoring Is this part of routine contract monitoring?</p>	<p><u>Yes</u></p>
<p>A7.4 Dashboard reporting Specify whether a dashboard exists for the proposed service?</p>	<p><u>Yes</u> The dashboard will be updated with new quality indicators and published alongside the revised service specification</p>
<p>A7.5 NICE reporting Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?</p>	<p><u>No</u></p>

Section B - Service Impact

B1 Service Organisation

B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)

Patients may be treated either within the tertiary setting or via a networked approach with adjacent providers
Source: Service Spec section 1.2

B1.2 Will the specification change the way the commissioned service is organised?

No

B1.3 Will the specification require a new approach to the organisation of care?

No change to delivery of care

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 type="checkbox"/>
Other	<input type="checkbox"/>

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

No impact

B2.3 Is the new service specification likely to improve equity of access?	<u>No impact</u> <i>Source: Equalities Impact Assessment</i>
B2.4 Is the new service specification likely to improve equality of access and/or outcomes?	<u>No impact</u> <i>Source: Equalities Impact Assessment</i>
B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<u>No action required</u>
B3.2 Time to implementation: Is a lead-in time required prior to implementation?	<u>No - go to B3.4</u>
B3.3 Time to implementation: If lead-in time is required prior to implementation, will an interim plan for implementation be required?	
B3.4 Is a change in provider physical infrastructure required?	<u>No</u>
B3.5 Is a change in provider staffing required?	<u>No</u>
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<u>No</u>

B3.7 Are there changes in the support services that need to be in place?	No
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	No
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	No change
B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	Not applicable

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)

No

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 type="checkbox"/>
	Excluded from tariff – pass through	<input type="checkbox"/>
	Excluded from tariff - other	<input type="checkbox"/>

	<table border="1"> <tr> <td data-bbox="1081 97 1245 336" rowspan="4">Devices</td> <td data-bbox="1245 97 2056 156">Not separately charged – part of local or national tariffs</td> <td data-bbox="2056 97 2134 156"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 156 2056 215">Excluded from tariff (excluding ZCM) – pass through</td> <td data-bbox="2056 156 2134 215"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 215 2056 274">Excluded from tariff (excluding ZCM) – other</td> <td data-bbox="2056 215 2134 274"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 274 2056 336">Via Zero Cost Model</td> <td data-bbox="2056 274 2134 336"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1081 336 1245 746" rowspan="7">Activity</td> <td data-bbox="1245 336 2056 395">Paid entirely by National Tariffs</td> <td data-bbox="2056 336 2134 395"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 395 2056 454">Paid entirely by Local Tariffs</td> <td data-bbox="2056 395 2134 454"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 454 2056 513">Partially paid by National Tariffs</td> <td data-bbox="2056 454 2134 513"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 513 2056 572">Partially paid by Local Tariffs</td> <td data-bbox="2056 513 2134 572"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 572 2056 632">Part/fully paid under a Block arrangement</td> <td data-bbox="2056 572 2134 632"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 632 2056 691">Part/fully paid under Pass-Through arrangements</td> <td data-bbox="2056 632 2134 691"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 691 2056 746">Part/fully paid under Other arrangements</td> <td data-bbox="2056 691 2134 746"><input type="checkbox"/></td> </tr> </table>	Devices	Not separately charged – part of local or national tariffs	<input type="checkbox"/>	Excluded from tariff (excluding ZCM) – pass through	<input checked="" 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 checked="" type="checkbox"/>	Paid entirely by Local Tariffs	<input type="checkbox"/>	Partially paid by National Tariffs	<input type="checkbox"/>	Partially paid by Local Tariffs	<input 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"/>
Devices	Not separately charged – part of local or national tariffs		<input type="checkbox"/>																						
	Excluded from tariff (excluding ZCM) – pass through		<input checked="" 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 checked="" type="checkbox"/>																							
	Paid entirely by Local Tariffs	<input type="checkbox"/>																							
	Partially paid by National Tariffs	<input type="checkbox"/>																							
	Partially paid by Local Tariffs	<input 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"/>																							
<p>C1.2 Drug Costs</p> <p>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.</p> <p>NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>	<p>Not applicable.</p>																								
<p>C1.3 Device Costs</p> <p>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.</p> <p>NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>	<p>Not applicable.</p>																								

<p>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 %)</p>	<p>No change - unknown at present. Further work post publication</p>											
<p>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 is has been derived, validated and tested.</p>	<p>Not applicable</p>											
<p>C1.6 Other Activity Costs not covered by National or Local Tariff 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><u>No</u> Please specify: Click here to enter text.</p>											
<p>C2 Average Cost per Patient</p>												
<p>C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?</p>	<table border="1"> <tr><td>YR1</td></tr> <tr><td>YR2</td></tr> <tr><td>YR3</td></tr> <tr><td>YR4</td></tr> <tr><td>YR5</td></tr> </table>	YR1	YR2	YR3	YR4	YR5	<table border="1"> <tr><td>Not Applicable</td></tr> <tr><td>Not Applicable</td></tr> <tr><td>Not Applicable</td></tr> <tr><td>Not Applicable</td></tr> <tr><td>Not Applicable</td></tr> </table>	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
YR1												
YR2												
YR3												
YR4												
YR5												
Not Applicable												
Not Applicable												
Not Applicable												
Not Applicable												
Not Applicable												

<p>Are there any changes expected in year 6-10 which would impact the model?</p>	<p>Due to the lack of complete information on patient activity and costs, at this point we are not able to forecast the estimated expenditure on 5 or 10 year basis.</p> <p>As a first step, we recommend collecting better cost and activity information during 2019/20 that will enable us to understand the variation and shortfall in capacity. Costs estimates and better activity information could then be used to make informed commissioning decisions for the subsequent contracting rounds and will be presented to SCOG in due course.</p> <p>No</p>
<p>C3 Overall Cost Impact of this Service specification to NHS England</p>	
<p>C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.</p>	<p><u>Cost neutral</u></p> <p>The revision/ update to the service specification is not expected to change the current commissioned pathway for adult highly specialist pain management services.</p>
<p>C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.</p>	<p>Not applicable</p>
<p>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?</p>	<p>Not applicable</p>

C4 Overall cost impact of this service specification to the NHS as a whole

C4.1 Specify the budget impact of the proposal on other parts of the NHS.

Budget impact for CCGs:
Cost neutral
The revision/ update to the service specification is not expected to change the current commissioned pathway for adult highly specialist pain management services.

Budget impact for providers:
Cost neutral
There will be no increase in provider costs as a direct result of adopting the new service specification, as it does not involve the introduction of any new interventions to the current care pathway of care. NHS England is not required to fund any capital developments

C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.

Cost neutral
The revised service specification is not expected to change the currently commissioned pathway for adult highly specialist pain management services.

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?

No

C5 Funding

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.

Not applicable

C6 Financial Risks Associated with Implementing this Service specification

C6.1 What are the material financial risks to implementing this service specification?

No risks, as there will be no change to the existing service and the updated service specification is not expected to change the currently commissioned pathway for adult highly specialist pain management services.

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

C7 Value for Money

C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?

There is no published evidence of cost-effectiveness

C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?

Select all that apply:

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"/>
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?

No

C8.2 Are there any non-recurrent provider capital costs associated with the service specification?

No