

## Integrated Impact Assessment Report for Clinical Commissioning Policies

<b>Service Specification Reference Number</b>	1711		
<b>Service Specification Title</b>	Neurosurgery (Adults) <b><u>for routine commission</u></b> (ref A3.1)		
<b>Lead Commissioner</b>	Jacquie Kemp	<b>Clinical Leads</b>	Paul Grundy
<b>Finance Lead</b>	Jazz Nandra	<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.

England is served by a network of 24 neurosurgical units covering populations of between 1.0 and 3.5 million. These neurosurgical units are an integral part of regional clinical neuroscience centres and the majority form an essential component of their local major trauma centre. Most larger centres offer a comprehensive range of adult services. Rare and complex disorders may be managed at a supra-regional level by units with specialist expertise.

*Source: Service Specification section 3.2*

A1.2 Number of patients currently eligible for the treatment according to the proposed Service Specification commissioning criteria.

In-patient hospital spells are reaching 1400/million population in larger units and operative caseload is typically 1000 cases/million population.

A1.3 Age group for which the treatment is proposed according to the Service Specification commissioning criteria.

**Adults**

[Click here to enter text.](#)

A1.4 Age distribution of the patient population eligible according to the proposed Service Specification commissioning criteria

*Source: Service Specification*

A1.5 How is the population currently distributed geographically?

**Evenly**

If unevenly, estimate regional distribution by %:

North	enter %
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	Midlands & East	enter %	
	London	enter %	
	South	enter %	
<p><i>Source: Service Specification</i></p> <p>There is no known evidence of differences in geographical distribution in England for people requiring neurosurgery.</p>			

## A2 Future Patient Population & Demography

<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><b><u>Increasing</u></b>          Neurosurgical activity has been increasing steadily at annual growth rates of 2-5%. <i>Source: Service Specification Working Group</i></p>												
<p>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</p>	<p>No  <i>Source: Service Specification Working Group</i></p>												
<p>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> <p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p>	<table border="1" data-bbox="1088 887 1599 1158"> <tr> <td>YR2 +/-</td> <td>0</td> </tr> <tr> <td>YR3 +/-</td> <td>0</td> </tr> <tr> <td>YR4 +/-</td> <td>0</td> </tr> <tr> <td>YR5 +/-</td> <td>0</td> </tr> <tr> <td>YR10 +/-</td> <td>0</td> </tr> </table> <p><i>Source: Service specification section</i></p> <p><b><u>Yes</u></b></p>			YR2 +/-	0	YR3 +/-	0	YR4 +/-	0	YR5 +/-	0	YR10 +/-	0
YR2 +/-	0												
YR3 +/-	0												
YR4 +/-	0												
YR5 +/-	0												
YR10 +/-	0												

<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?	Neurosurgical patients will be expected to follow the current pathway <i>Source: Service Specification Working Group</i>
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> Please specify
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 this group of patients.  <i>Source: Service Specification Working Group</i>
<b>A4 Patient Pathway</b>	
A4.1 <b>Existing pathway:</b> Describe the current patient pathway and service	No change in current pathway for treatment
A4.2. What are the current service access and stopping criteria?	<i>Source: Service Specification , Service Specification Working Group</i>
A4.3 What percentage of the total eligible population are: a) Referred	If not known, please specify a) 100%

b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria	b) 100% c) unknown <i>Source: Service Specification Working Group</i>
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**A5 Service Setting**

A5.1 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: Neuroscience centre.</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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Community setting	<input type="checkbox"/>																		
Homecare	<input type="checkbox"/>																		
Other	<input type="checkbox"/>																		

A5.2 What is the current number of contracted providers for the eligible population by region?	<table border="1"> <tr> <td></td> <td>Neuroscience Centres</td> </tr> <tr> <td>NORTH</td> <td>8</td> </tr> <tr> <td>MIDLANDS &amp; EAST</td> <td>5</td> </tr> </table>		Neuroscience Centres	NORTH	8	MIDLANDS & EAST	5
	Neuroscience Centres						
NORTH	8						
MIDLANDS & EAST	5						

	LONDON	6
	SOUTH	5

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 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:

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"/>
Treatment 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 drug costs captured?

**Not applicable**

A6.4 Identification Rules for Devices:  
How are device costs captured?

**Not applicable**

A6.5 Identification Rules for Activity:  
How are activity costs captured?

**Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)**

If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).

Neurosciences - Neurosurgery    NCBPS08S



**A7 Monitoring**

**A7.1 Contracts**

Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.

**None**

[Click here to enter text.](#)

**A7.2 Excluded Drugs and Devices (not covered by the Zero Cost Model)**

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.

*Select all that apply:*

Drugs or Device MDS	<input type="checkbox"/>
Blueteq	<input type="checkbox"/>
Other prior approval	<input type="checkbox"/>

Please specify: [Click here to enter text.](#)

**A7.3 Business intelligence**

Is there potential for duplicate reporting?

**No**

If yes, please specify mitigation:

[Click here to enter text.](#)

**A7.4 Contract monitoring**

Is this part of routine contract monitoring?

**Yes**

Reporting of activity via SUS with activity

**A7.5 Dashboard reporting**

Specify whether a dashboard exists for the proposed intervention?

**Yes**

dashboard to be published alongside service specification

[Click here to enter text.](#)

**A7.6 NICE reporting**

**No**

Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new Service Specification?	
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**Section B - Service Impact**

**B1 Service Organisation**

B1.1 Describe how the service is currently organised? (I.e. tertiary centres, networked provision etc.)	Neurosurgery is organised within one of the 24 Neuroscience centres. <i>Source: Service Specification</i>
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B1.2 Will the specification change the way the commissioned service is organised?	<b>No</b>  <i>Source: Service Specification Working Group</i>
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B1.3 Will the specification require a new approach to the organisation of care?	<b>No</b>
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**B2 Geography & Access**

B2.1 Where do current referrals come from?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td data-bbox="1086 1098 1512 1157">GP</td> <td data-bbox="1512 1098 1594 1157"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1157 1512 1216">Secondary care</td> <td data-bbox="1512 1157 1594 1216"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1216 1512 1275">Tertiary care</td> <td data-bbox="1512 1216 1594 1275"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1275 1512 1334">Other</td> <td data-bbox="1512 1275 1594 1334"><input type="checkbox"/></td> </tr> </table>	GP	<input type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>	Tertiary care	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
GP	<input type="checkbox"/>								
Secondary care	<input checked="" type="checkbox"/>								
Tertiary care	<input checked="" type="checkbox"/>								
Other	<input type="checkbox"/>								

	Emergency departments
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>No impact</u></b> Please specify:  <i>Source: Equalities Impact Assessment</i>
<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 <b>Time to implementation:</b> Is a lead-in time required prior to implementation?	<b><u>No - go to B3.4</u></b> If yes, specify the likely time to implementation:
B3.3 <b>Time to implementation:</b>	<b><u>No - go to B3.4</u></b>

If lead-in time is required prior to implementation, will an interim plan for implementation be required?	: 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, specify the current and estimated number of providers required in each region	<b><u>Increase</u></b> <i>Please complete table:</i> Not applicable <table border="1" data-bbox="1088 1193 2013 1385"> <thead> <tr> <th data-bbox="1088 1193 1281 1331">Region</th> <th data-bbox="1281 1193 1525 1331">Current no. of providers</th> <th data-bbox="1525 1193 1830 1331">Future State expected range</th> <th data-bbox="1830 1193 2013 1331">Provisional or confirmed</th> </tr> </thead> <tbody> <tr> <td data-bbox="1088 1331 1281 1385">North</td> <td data-bbox="1281 1331 1525 1385">8</td> <td data-bbox="1525 1331 1830 1385">8</td> <td data-bbox="1830 1331 2013 1385"><u>C</u></td> </tr> </tbody> </table>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North	8	8	<u>C</u>
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.

*Select all that apply:*

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.](#)

**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**  
Please specify:  
[Click here to enter text.](#)

**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:*

<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 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"/>

	The inpatient activity spend on neurosurgery in 2017/18 was approximately £381.8m (Inclusive of MFF).
<p><b>C1.2 Drug Costs</b></p> <p>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.</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>	Not applicable
<p><b>C1.3 Device Costs</b></p> <p>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.</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>	Not applicable
<p><b>C1.4 Activity Costs covered by National Tariffs</b></p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	1. No change
<p><b>C1.5 Activity Costs covered by Local Tariff</b></p> <p>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>	Not applicable
<p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b></p>	Not applicable





<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:  <u><b>Cost neutral</b></u>  The revision/ update to the service specification is not expected to change the current commissioned pathway for neurosurgery.</p> <p>Budget impact for providers:  <u><b>No impact on providers</b></u>  Please specify:</p>
C4.2 Taking into account responses to C3.1 and C4.1 specify the budget impact to the NHS as a whole.	<p><u><b>Cost neutral</b></u>  Please specify: Cost neutral as updating current service specification.  <b>Year 1: £0.0m</b>  <b>Year 2: £0.0m</b>  <b>Year 5: £0.0m</b></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><u><b>No</b></u>  Please specify:</p>

**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.

N/A

**C6 Financial Risks Associated with Implementing this Service Specification**

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

**C7 Value for Money**

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

**Published evidence indicates the treatment has the potential to be cost-effective**

Please specify:

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?

Select all that apply:

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"/>

Please specify:

**C8 Cost Profile**

C8.1 Are there non-recurrent capital or revenue costs associated with this Service Specification?

**No**  
If yes, specify type and range:

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