Integrated Impact Assessment Report for Clinical Commissioning Policies			
Policy Reference Number	1608		
Policy Title	Bendamustine for relapsed multiple myeloma (all ages) Proposal **not for routine commission** (ref A3.1)		
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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 policy 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.	Multiple myeloma is a rare blood cancer. In 2015, there were 5,540 cases in the UK. Almost half (45%) of new cases were in people aged 75 years and over. The condtion is incurable and most people will usually experience multiple episides of treatment, remission and relapse. This policy proposition relates to relapsed multiple myeloma, this means that at least one prior treatment will have been given. *Source: Policy Proposition, Section 6*
A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.	118 The number of patients eligible for treatment has been derived from 2017-18 Cancer Drugs Fund utilisation data. *Source: Policy Proposition, Section 6; Cancer Drugs Fund utilisation data 2017-18*
A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.	**All ages**
A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria	Multiple myeloma is more common in older people with almost half (45%) of new cases being diagnosed in people aged 75 years and over.

<table>
<tr><td></td><td>Source: Policy Proposition, Section 6</td></tr>
<tr><td>A1.5 How is the population currently distributed geographically?</td><td><u>Evenly</u></td></tr>
<tr><td colspan="2">A2 Future Patient Population & Demography</td></tr>
<tr><td>A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new policy) in 2, 5, and 10 years?</td><td><u>Increasing</u>

The incidence rate is projected to increase by 11% in the UK between 2014 and 2035 to 12 per 100,000 population. This includes a larger increase for males than for females. Based on this, the annual number of new cases is expected to be 8,888 in the UK in 2035.

Source: Policy Proposition section 6</td></tr>
<tr><td>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</td><td><u>Yes</u>

Multiple myeloma is more common in older people with almost half (45%) of new cases being diagnosed in people aged 75 years and over.

Source: Policy Proposition section 6</td></tr>
<tr><td>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?</td><td><table><tr><td>YR2 +/-</td><td>4</td></tr><tr><td>YR3 +/-</td><td>6</td></tr><tr><td>YR4 +/-</td><td>9</td></tr><tr><td>YR5 +/-</td><td>12</td></tr><tr><td>YR10 +/-</td><td>21</td></tr></table></td></tr>
</table>

Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.	*Source: Financial Model* **Yes**
A3 Activity	
A3.1 What is the purpose of new policy?	**Confirm non-routine commissioning position of an additional new treatment**
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	118 The number of patients eligible for treatment has been derived from 2017-18 Cancer Drugs Fund utilisation data. *Source: Policy Proposition, Section 6; Cancer Drugs Fund Utilisation Data 2017-18*
A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?	0 This is a not for routine commissioning policy. *Source: Policy Proposition*
A3.4 What is the estimated annual activity associated with the next best alternative comparator pathway for the eligible population? If	118

the only alternative is the existing pathway, please state 'not applicable' and move to A4.	*Source: Policy Proposition*
A4 Existing Patient Pathway	
A4.1 **Existing pathway:** Describe the relevant currently routinely commissioned: • Treatment or intervention • Patient pathway • Eligibility and/or uptake estimates.	Chemotherapy is the main treatment for multiple myeloma and treatment aims to control the disease, relieve symptoms and complications and prolong life. There are a number of different chemotherapy medicines available, either given individually or in combination. Some patients may be suitable for a stem cell transplant but this is dependent on an individual patient's fitness. *Source: Policy Proposition, Section 3*
A4.2. What are the current treatment access and stopping criteria?	Treatments are usually given sequentially and are continued until either the disease progresses or the side-effects of the chemotherapy treatment can no longer be tolerated. If there are no further treatment options available, supportive care is an option for patients. *Source: Policy Proposition, Section 3*
A4.3 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 d) Comply with treatment e) Complete treatment?	a) 100% b) 100% c) 100% d) 100% e) 100%

	Source: Policy Proposition, Section 3
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*	**<u>Yes</u>** A range of treatments are available and commissioned but there is no standard single standard of care for these patients. Treatment options for patients with relapsed multiple myeloma include: (i) bortezomib; (ii) cartilzomib; (iii) lenalidomide; (iv) panobinostat (with bortezomib and dexamethasone); and (v) pomalidomide. In line with current Cancer Drugs Fund arrangements, Bendamustine is the last line of treatment for multiple myeloma, therefore the next best comparator is best supportive care. *Source: Policy Proposition, Section 3*
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?	Total estimated eligible: a) 100% b) 0% c) 100% d) 100% e) 100% *Source: Policy Proposition, Section 3*

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 d) Comply with treatment e) Complete treatment?	Not applicable – this is a not for routine commissioning policy.
A6.2 Specify the nature and duration of the proposed new treatment or intervention.	Not applicable – this is a not for routine commissioning policy.
A7 Treatment Setting	
A7.1 How is this treatment delivered to the patient?	Not applicable – this is a not for routine commissioning policy.
A7.2 What is the current number of contracted providers for the eligible population by region?	Not applicable – this is a not for routine commissioning policy.
A7.3 Does the proposition require a change of delivery setting or capacity requirements?	Not applicable – this is a not for routine commissioning policy.

A8 Coding	
A8.1 Specify the datasets used to record the new patient pathway activity.	Not applicable – this is a not for routine commissioning policy.
A8.2 Specify how the activity related to the new patient pathway will be identified.	Not applicable – this is a not for routine commissioning policy.
A8.3 **Identification Rules for Drugs:** How are drug costs captured?	Not applicable – this is a not for routine commissioning policy.
A8.4 **Identification Rules for Devices:** How are device costs captured?	Not applicable.
A8.5 **Identification Rules for Activity:** How are activity costs captured?	Not applicable – this is a not for routine commissioning policy.
A9 Monitoring	
A9.1 **Contracts** Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.	**None**
A9.2 **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	Not applicable – this is a not for routine commissioning policy.

monitoring required, for example reporting or use of prior approval systems.	
A9.3 **Business intelligence** Is there potential for duplicate reporting?	Not applicable – this is a not for routine commissioning policy.
A9.4 **Contract monitoring** Is this part of routine contract monitoring?	Not applicable – this is a not for routine commissioning policy.
A9.5 **Dashboard reporting** Specify whether a dashboard exists for the proposed intervention?	Not applicable – this is a not for routine commissioning policy.
A9.6 **NICE reporting** Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new policy?	Not applicable – this is a not for routine commissioning policy.
Section B – Service Impact	
B1 Service Organisation	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	Chemotherapy can be prescribed and delivered at any provider commissioned by NHS England; this includes Cancer Centres, Teaching Hospitals and District General Hospitals.
B1.2 Will the proposition change the way the commissioned service is organised?	**No**

<table>
<tr><td>B1.3 Will the proposition require a new approach to the organisation of care?</td><td><u>No change to delivery of care</u></td></tr>
<tr><td colspan="2">B2 Geography & Access</td></tr>
<tr><td>B2.1 Where do current referrals come from?</td><td>Select all that apply:<table><tr><td>GP</td><td>☐</td></tr><tr><td>Secondary care</td><td>☒</td></tr><tr><td>Tertiary care</td><td>☒</td></tr><tr><td>Other</td><td>☐</td></tr></table></td></tr>
<tr><td>B2.2 What impact will the new policy have on the sources of referral?</td><td><u>No impact</u></td></tr>
<tr><td>B2.3 Is the new policy likely to improve equity of access?</td><td><u>No impact</u>

Source: Equalities Impact Assessment</td></tr>
<tr><td>B2.4 Is the new policy likely to improve equality of access and/or outcomes?</td><td><u>No impact</u>

There are a range of alternative treatments available for patients with relapsed multiple myeloma.

Source: Equalities Impact Assessment</td></tr>
</table>

B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	**No action required**
B3.2 **Time to implementation:** Is a lead-in time required prior to implementation?	**No – go to B3.4**
B3.3 **Time to implementation:** If lead-in time is required prior to implementation, will an interim plan for implementation be required?	**No – go to B3.4**
B3.4 Is a change in provider physical infrastructure required?	**No**
B3.5 Is a change in provider staffing required?	**No**
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	**No**
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**

<table>
<tr><td>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.</td><td><u>No change</u></td></tr>
<tr><td>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</td><td>Select all that apply:<table>
<tr><td>Publication and notification of new policy</td><td>☒</td></tr>
<tr><td>Market intervention required</td><td>☐</td></tr>
<tr><td>Competitive selection process to secure increase or decrease provider configuration</td><td>☐</td></tr>
<tr><td>Price-based selection process to maximise cost effectiveness</td><td>☐</td></tr>
<tr><td>Any qualified provider</td><td>☐</td></tr>
<tr><td>National Commercial Agreements e.g. drugs, devices</td><td>☐</td></tr>
<tr><td>Procurement</td><td>☐</td></tr>
<tr><td>Other</td><td>☒</td></tr>
</table></td></tr>
<tr><td colspan="2">B4 Place-based Commissioning</td></tr>
<tr><td>B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)</td><td><u>No</u></td></tr>
<tr><td colspan="2">Section C – Finance Impact</td></tr>
<tr><td colspan="2">C1 Tariff/Pricing</td></tr>
</table>

<table>
<tr>
<td>C1.1 How is the service contracted and/or charged?
Only specify for the relevant section of the patient pathway</td>
<td>Select all that apply:
<table>
<tr><td rowspan="3">Drugs</td><td>Not separately charged – part of local or national tariffs</td><td>☐</td></tr>
<tr><td>Excluded from tariff – pass through</td><td>☐</td></tr>
<tr><td>Excluded from tariff – other</td><td>☐</td></tr>
<tr><td rowspan="4">Devices</td><td>Not separately charged – part of local or national tariffs</td><td>☐</td></tr>
<tr><td>Excluded from tariff (excluding ZCM) – pass through</td><td>☐</td></tr>
<tr><td>Excluded from tariff (excluding ZCM) – other</td><td>☐</td></tr>
<tr><td>Via Zero Cost Model</td><td>☐</td></tr>
<tr><td rowspan="8">Activity</td><td>Paid entirely by National Tariffs</td><td>☐</td></tr>
<tr><td>Paid entirely by Local Tariffs</td><td>☐</td></tr>
<tr><td>Partially paid by National Tariffs</td><td>☐</td></tr>
<tr><td>Partially paid by Local Tariffs</td><td>☐</td></tr>
<tr><td>Part/fully paid under a Block arrangement</td><td>☐</td></tr>
<tr><td>Part/fully paid under Pass-Through arrangements</td><td>☐</td></tr>
<tr><td>Part/fully paid under Other arrangements</td><td>☐</td></tr>
</table></td>
</tr>
<tr>
<td>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 are subject to commercial confidentiality and must not be disclosed.</td>
<td>Not applicable, this is a not for routine commissioning policy.</td>
</tr>
<tr>
<td>C1.3 Device Costs</td>
<td>Not applicable.</td>
</tr>
</table>

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.	
C1.4 **Activity Costs covered by National Tariffs** List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Not applicable, this is a not for routine commissioning policy.
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.	Not applicable.
C1.6 **Other Activity Costs not covered by National or Local Tariff** Include descriptions and estimates of all key costs.	Not applicable.
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	**No**
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?	£0 Best supportive care costs would be paid by CCGs.

C3 Overall Cost Impact of this Policy to NHS England	
C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	**Cost saving** Please specify: Year 1 -£482.5k Year 2 -£489.4k Year 5 -£521.0k
C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	Not applicable.
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?	Not applicable.
C4 Overall cost impact of this policy 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: **No impact on CCGs** Budget impact for providers: **No impact on providers**
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	**Cost saving** Year 1 -£482.5k

	Year 2 -£489.4k Year 5 -£521.0k
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 Policy	
C6.1 What are the material financial risks to implementing this policy?	None identified.
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 - this is a not for routine commissioning policy.

C6.4 What scenario has been approved and why?	Not applicable - this is a not for routine commissioning policy.
C7 Value for Money	
C7.1 What published evidence is available that the treatment 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?	Not applicable.
C8 Cost Profile	
C8.1 Are there non-recurrent capital or revenue costs associated with this policy?	**Not applicable.**
C8.2 If yes, confirm the source of funds to meet these costs.	Not applicable.