

Integrated Impact Assessment Report for Service Specifications

Reference Number	A14S02 Revision		
Service Specification Title	Weaning from Prolonged Mechanical Ventilation Services		
Accountable Commissioner	Kathy Blacker	Clinical Lead	Dr Michael Davies & Dr Martin Allen
Finance Lead	Craig Holmes	Analytical Lead	Jay Emin
Section K - Activity Impact			
Theme	Questions	Comments (Include source of information and details of assumptions made and any issues with the data)	
K1 Current Patient Population & Demography / Growth	K 1.1 What is the prevalence of the disease/condition?	K1.1 5- 10% of patients in critical care beds	
	K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned care arrangements?	K1.2 Most of above	

	<p>K1.3 What age group is the treatment indicated for?</p> <p>K1.4 Describe the age distribution of the patient population taking up treatment?</p> <p>K1.5 What is the current activity associated with currently routinely commissioned care for this group?</p> <p>K1.6 What is the projected growth of the disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years</p> <p>K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years</p> <p>K1.8 How is the population currently distributed geographically?</p>	<p>K1.3 Adults only</p> <p>K1.4 All ages but mainly over 60</p> <p>K1.5 All eligible patients</p> <p>K1.6 No anticipated increase in UK</p> <p>K1.7 Growth accounted for by improved access to effective treatment and better outcomes rather than increase in prevalence – anticipated growth in activity up to 5% after 5 years</p> <p>K1.8 Evenly distributed across England</p>
<p>K2 Future Patient Population & Demography</p>	<p>K2.1 Does the new policy: move to a non-routine commissioning position / substitute a currently routinely commissioned treatment / expand or restrict an existing treatment threshold / add an additional line / stage of treatment / other?</p> <p>K2.2 Please describe any factors likely to affect growth in the patient population for this intervention</p>	<p>K2.1 No change to - routine commissioning position – update to existing specification</p> <p>K2.2 Increased survival with improved care</p>

	<p>(e.g. increased disease prevalence, increased survival)</p> <p>K 2.3 Are there likely to be changes in geography/demography of the patient population and would this impact on activity/outcomes? If yes, provide details</p> <p>K2.4 What is the resulting expected net increase or decrease in the number of patients who will access the treatment per year in year 2, 5 and 10?</p>	<p>K2.3 Not anticipated although there is general change in the demographics of an older sicker population who are going to critical care, a proportion of which may be delayed weans.</p> <p>K2.4 No significant change as a result of this service specification, although designated centres may see small increase from non specialised centres. The specification describes the service rather than a specific intervention</p>
K3 Activity	<p>K3.1 What is the current annual activity for the target population covered under the new policy? Please provide details in accompanying excel sheet</p> <p>K3.2 What will be the new activity should the new / revised policy be implemented in the target population? Please provide details in accompanying excel sheet</p> <p>K3.3 What will be the comparative activity for the 'Next Best Alternative' or 'Do Nothing' comparator if policy is not adopted? Please details in accompanying excel sheet</p>	<p>K3.1 Difficult to define as no clear coding mechanism to define existing patient population</p> <p>K3.2 No significant change anticipated</p> <p>K3.3 Patients will remain in a critical care unit or death</p>
K4 Existing Patient Pathway	K4.1 If there is a relevant currently routinely	K4.1 Patient pathway unchanged

	<p>commissioned treatment, what is the current patient pathway? Describe or include a figure to outline associated activity.</p> <p>K4.2. What are the current treatment access criteria?</p> <p>K64.3What are the current treatment stopping points?</p>	<p>although some patients who do not currently access these services but remain on a critical care unit will now enter weaning service</p> <p>K4.2 Unchanged</p> <p>K4.3 Unchanged</p>
K5 Comparator (next best alternative treatment) Patient Pathway	<p>K5.1 If there is a 'next best' alternative routinely commissioned treatment what is the current patient pathway? Describe or include a figure to outline associated activity.</p> <p>K5.2 Where there are different stopping points on the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.</p>	<p>K5.1 Remain in a critical care unit until recovery or death</p> <p>K5.2 Not applicable</p>
K6 New Patient Pathway	<p>K6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new policy</p> <p>K6.2 Where there are different stopping points on</p>	<p>K6.1 Not applicable</p> <p>K6.2 not applicable</p>

	<p>the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.</p>	
K7 Treatment Setting	<p>K7.1 How is this treatment delivered to the patient?</p> <p>K7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? <i>e.g. service capacity</i></p>	<p>K7.1 In patient unit plus follow up for some patients or transfer to Complex Home Ventilation Service. Some patients treated on an outreach model by some services</p> <p>K7.2 No change anticipated</p>
K8 Coding	<p>K8.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded?</p> <p>K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)</p>	<p>K8.1 SUS data will not identify this patient population. Need to consider development of a national registry of CHV patients.</p> <p>K8.2 Current outpatient activity is identified in HRG 37a which includes CPAP. A specific CPAP code would allow this work to be differentiated. A specific code for physiotherapy interventions needs developing. For individuals who are unable to attend hospital a code for the outreach service</p>

		<p>needs to be authored to capture the activity related to this aspect of the service.</p> <p>Consideration should be given for development of a specific treatment function code (TFC) e.g. 343</p>
K9 Monitoring	<p>K9.1 Do any new or revised requirements need to be included in the NHS Standard Contract Information Schedule? If so, these must be communicated to CTownley@nhs.net, ideally by end of October to inform following year's contract</p> <p>K9.2 If this treatment is a drug, what pharmacy monitoring is required?</p> <p>K9.3 What analytical information /monitoring/ reporting is required?</p> <p>K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?</p> <p>K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?</p> <p>K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?</p>	<p>K9.1 Discussion will be necessary pending availability of above points in K</p> <p>K9.2 Not applicable</p> <p>K9.3 Routine monitoring</p> <p>K9.4 Routine contract monitoring – no changes needed</p> <p>K9.5 No</p> <p>K9.6 No</p>

	K9.7 Do you anticipate using Blueteq or other equivalent system to guide access to treatment? If so, please outline. See also linked question in M1 below	K9.7 No
Section L - Service Impact		
Theme	Questions	Comments (Include source of information and details of assumptions made and any issues with the data)
L1 Service Organisation	L1.1 How is this service currently organised (i.e. tertiary centres, networked provision) L1.2 How will the proposed service specification change the way the commissioned service is organised?	L1.1 Tertiary services L1.2 No change proposed
L2 Geography & Access	L2.1 Where do current referrals come from? L2.2 Will the new policy change / restrict / expand the sources of referral? L2.3 Is the new policy likely to improve equity of access? L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.1 Secondary care – from critical care units L2.3 No change L2.3 Yes this is the purpose of the revisions in the specification due to explicit description of service requirements L2.4 Yes anticipated to do so
L3 Implementation	L3.1 Is there a lead in time required prior to	L3.1 Likely to be minimal delay as clear

	<p>implementation and if so when could implementation be achieved if the policy is agreed?</p> <p>L3.2 Is there a change in provider physical infrastructure required?</p> <p>L3.3 Is there a change in provider staffing required?</p> <p>L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?</p> <p>L3.5 Are there changes in the support services that need to be in place?</p> <p>L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p> <p>L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?</p> <p>L3.8 How will the revised provision be secured by NHS England as the responsible commissioner</p>	<p>process rolled out through critical care networks. Also a need to communicate specification with other critical care units commissioned by NHS England such as cardiac and neurosciences</p> <p>L3.2 No</p> <p>L3.3 No</p> <p>L3.4 No</p> <p>L3.5 No</p> <p>L3.6 ODNs required to ensure clear patient pathways</p> <p>L3.7 No change – some smaller providers may withdraw</p> <p>L3.8 Publication and notification of new policy</p>
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	(e.g. publication and notification of new policy, competitive selection process to secure revised provider configuration)	
L4 Collaborative Commissioning	L4.1 Is this service currently subject to or planned for collaborative commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements)?	L4.1 No plans but recommended in specification due to close relationships with CCG commissioned critical care
Section M - Finance Impact		
Theme	Questions	Comments (Include source of information and details of assumptions made and any issues with the data)
M1 Tariff	<p>M1.1 Is this treatment paid under a national prices*, and if so which?</p> <p>M1.2 Is this treatment excluded from national prices?</p> <p>M1.3 Is this covered under a local price arrangements (if so state range), and if so are you confident that the costs are not also attributable to other clinical services?</p> <p>M1.4 If a new price has been proposed how has this been derived / tested? How will we ensure that associated activity is not additionally / double charged through existing routes</p> <p>M1.5 is VAT payable (Y/N) and if so has it been</p>	<p>M1.1 No</p> <p>M1.2 Yes</p> <p>M1.3 Yes – covered within critical care local pricing usual approach, varies by provider</p> <p>M1.4 N/A</p> <p>M1.5 N/A</p>

	<p>included in the costings?</p> <p>M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?</p>	<p>M1.6 N/A</p>
<p>M2 Average Cost per Patient</p>	<p>M2.1 What is the revenue cost per patient in year 1?</p> <p>M2.2 What is the revenue cost per patient in future years (including follow up)?</p>	<p>M2.1 Difficult to answer as there is a variety of local pricing arrangements in place and with coding constraints difficult to identify patient cohort.</p> <p>M2.2 As above</p>
<p>M3 Overall Cost Impact of this Policy to NHS England</p>	<p>M3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England?</p> <p>M3.2 Where this has not been identified, set out the reasons why this cannot be measured?</p>	<p>M3.1 Likely to be cost saving as move from Level 1 facility to Level 2 – maybe some movement of patients into and out of specialised weaning services</p> <p>M3.2 Difficult to quantify – improving flow through Level1 critical care may increase activity costs but should reduce cancellations etc.</p>
<p>M4 Overall cost impact of this policy to the NHS as a whole</p>	<p>M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs)</p> <p>M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole?</p>	<p>M4.1 As above – avoiding community based home ventilation will decrease costs although improved survival may increase costs</p> <p>M4.2 Neutral as no new patients although potential increase in survival</p>

	<p>M4.3 Where this has not been identified, set out the reasons why this cannot be measured?</p> <p>M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?</p>	<p>may lengthen time needed for NHS support however reducing the need for mechanical and complex ventilation and reduced complications requiring inpatient care should reduce long term costs</p> <p>M4.3 N/A</p> <p>M4.4 Service will increase numbers of patients returning to own home following critical care</p>
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	M5.1 Not applicable
M6 Financial Risks Associated with Implementing this Policy	<p>M6.1 What are the material financial risks to implementing this policy?</p> <p>M6.2 Can these be mitigated, if so how?</p> <p>M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios</p>	<p>M6.1 Negligible financial risks associated with updated service specification</p> <p>M6.2 Likely to be minimal impact</p> <p>M6.3 not applicable</p>
M7 Value for Money	M7.1 What evidence is available that the treatment is cost effective?	M7.1 Pilcher DV, Bailey MJ, Treacher DF, Hamid S, Williams AJ, Davidson AC. Outcomes, cost and long term survival of patients referred to a regional

	M7.2 What issues or risks are associated with this assessment?	weaning centre. Thorax. 2005;60(3):187-92. M7.2 Robust data to support assessment, risk that data is from long established service
M8 Cost Profile	M8.1 Are there non-recurrent capital or revenue costs associated with this policy? M8.2 If so, confirm the source of funds to meet these costs.	M8.1 No new costs M8.2 N/A

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