Integrated Impact Assessment Report for Clinical Commissioning Policies

Policy Reference Number	**A14/X/04**		
Policy Title	Rituximab for Interstitial Lung Disease		
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Section A - Activity Impact			
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)	
A1 Current Patient Population & Demography / Growth	A1.1 What is the prevalence of the disease/condition?	A1. 1 Prevalence of the combination of a defined connective tissue disease and interstitial lung disease is < 1 in 100 000.	
	A1.2 What is the number of patients currently eligible for the treatment under the proposed policy?	A1.2 N/A.	
	A1.3 What age group is the treatment indicated for?	A1.3 All ages.	
	A1.4 Describe the age distribution of the patient population taking up treatment?	A1.4 Most are aged 18-60.	

	A1.5 What is the current activity associated with currently routinely commissioned care for this group?	A1.5 N/A
	A1.6 What is the projected growth of the disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years?	A1.6 Annual incidence of approximately 1 in 1 000 000.
	A1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years?	A1.7 No projected growth.
	A1.8 How is the population currently distributed geographically?	A1.8 Evenly distributed across England.
A2 Future Patient Population & Demography	A2.1 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?	A2.1 Move to a not routinely commissioned position.
	A2.2 Please describe any factors likely to affect growth in the patient population for this intervention (e.g.	A2.2 Not anticipated

	increased disease prevalence, increased survival).	
	A 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.	A2.3 Not anticipated
	A2.4 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?	A2.4 No change - Move to a not routinely commissioned position.
A3 Activity	A3.1 What is the current annual activity for the target population covered under the new policy? Please provide details in accompanying excel sheet.	A3.1 Move to a not routinely commissioned position
	A3.2 What will be the new activity should the new / revised policy be implemented in the target population? Please provide details in accompanying excel sheet.	A3.2 No change - Move to a not routinely commissioned position
	A3.3 What will be the comparative activity for the 'Next Best Alternative' or 'Do Nothing' comparator if policy is not adopted?	A3.3 N/A

	Please details in accompanying excel sheet.	
A4 Existing Patient Pathway	A4.1 If there is a relevant currently routinely commissioned treatment, what is the current patient pathway? Describe or include a figure to outline associated activity.	A4.1 N/A - Move to a not routinely commissioned position
	A4.2. What are the current treatment access criteria?	A4.2 N/A
	A4.3 What are the current treatment stopping points?	A4.3 N/A
A5 Comparator (next best alternative treatment) Patient Pathway	A5.1 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.	A5.1 Not applicable
	A5.2 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	A5.2 Not applicable

	after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	
A6 New Patient Pathway	A6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new policy. A6.2 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.	A6.1 Not applicable A6.2 Not applicable
A7 Treatment Setting	A7.1 How is this treatment delivered to the patient? ○ Acute Trust: Inpatient/Daycase/ Outpatient ○ Mental Health Provider: Inpatient/Outpatient ○ Community setting	A7.1 Not applicable.

	○ Homecare delivery A7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? *e.g. service capacity*	A7.2 Not applicable.
A8 Coding	A8.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded? A8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)	A8.1 Not applicable. A8.2 Not applicable.
A9 Monitoring	A9.1 Do any new or revised requirements need to be included in the NHS Standard Contract Information Schedule? A9.2 If this treatment is a drug, what pharmacy monitoring is required? A9.3 What analytical information /monitoring/ reporting is required? A9.4 What contract monitoring is required by supplier managers? What changes need to	A9.1 Not applicable. A9.2 Not applicable. A9.3 Not applicable. A9.4 Not applicable.

	be in place?	
	A9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	A9.5 Not applicable.
	A9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	A9.6 Not applicable.
	A9.7 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*	A9.7 Not applicable.
Section B - Service Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
B1 Service Organisation	B1.1 How is this service currently organised? (i.e. tertiary centres, networked provision)	B1.1 Tertiary centres
	B1.2 How will the proposed policy change the way the commissioned service is organised?	B1.2 No change proposed

B2 Geography & Access	B2.1 Where do current referrals come from?	B2.1 Primary and secondary care
	B2.2 Will the new policy change / restrict / expand the sources of referral?	B2.2 No change
	B2.3 Is the new policy likely to improve equity of access?	B2.3 Not applicable – move to not routinely commissioned policy
	B2.4 Is the new policy likely to improve equality of access / outcomes?	B2.4 Not applicable – move to not routinely commissioned policy
B3 Implementation	B3.1 Is there a lead in time required prior to implementation and if so when could implementation be achieved if the policy is agreed?	B3.1 No
	B3.2 Is there a change in provider physical infrastructure required?	B3.2 No
	B3.3 Is there a change in provider staffing required?	B3.3 No
	B3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	B3.4 No

	B3.5 Are there changes in the support services that need to be in place?	B3.5 No
	B3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	B3.6 Not required
	B3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	B3.7 No
	B3.8 How will the revised provision be secured by NHS England as the responsible commissioner? (e.g. publication and notification of new policy, competitive selection process to secure revised provider configuration)	B3.8 No
B4 Collaborative Commissioning	B4.1 Is this service currently subject to or planned for collaborative commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements)	B4.1 No
Section C - Finance Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)

C1 Tariff	C1.1 Is this treatment paid under a national prices*, and if so which?	C1.1 No
	C1.2 Is this treatment excluded from national prices?	C1.2 Rituximab is a high cost drug excluded from tariff
	C1.3 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?	C1.3 If applicable Rituximab would be negotiated under local arrangements. The list price for MabThera is £873.15 (not including VAT) for 500mg/50ml.
	C1.4 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?	C1.4 No new price is proposed
	C1.5 is VAT payable (Y/N) and if so has it been included in the costings?	C1.5 VAT would be payable as it is envisaged the drug would be administered in a day case setting.
	C1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	C1.6 Not applicable
C2 Average Cost per Patient	C2.1 What is the revenue cost per patient in year 1?	C2.1 As the policy proposes not to routinely commission there would be no revenue impact.

	C2.2 What is the revenue cost per patient in future years (including follow up)?	C2.2 Not applicable.
C3 Overall Cost Impact of this Policy to NHS England	C3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England. C3.2 Where this has not been identified, set out the reasons why this cannot be measured.	C3.1 Neutral as move to not routinely commissioned policy. C3.2 Not applicable.
C4 Overall cost impact of this policy to the NHS as a whole	C4.1 Indicate whether this is cost saving, neutral, or cost pressure for other parts of the NHS (e.g. providers, CCGs). C4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole. C4.3 Where this has not been identified, set out the reasons why this cannot be measured. C4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	C4.1 Neutral as move to not routinely commissioned policy. C4.2 Neutral. C4.3 Not applicable. C4.4 Neutral.
C5 Funding	C5.1 Where a cost	C5.1 Not applicable.

	pressure is indicated, state known source of funds for investment, where identified. *e.g. decommissioning less clinically or cost-effective services*	
C6 Financial Risks Associated with Implementing this Policy	C6.1 What are the material financial risks to implementing this policy?	C6.1 None identified.
	C6.2 Can these be mitigated, if so how?	C6.2 Not applicable.
	C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	C6.3 Not applicable.
C7 Value for Money	C7.1 What evidence is available that the treatment is cost effective? *e.g. NICE appraisal, clinical trials or peer reviewed literature*	C7.1 Not applicable as move to not routinely commissioned policy
	C7.2 What issues or risks are associated with this assessment? *e.g. quality or availability of evidence*	C7.2 Not applicable
C8 Cost Profile	C8.1 Are there non-recurrent capital or revenue costs associated with this policy? *e.g. Transitional costs, periodical costs*	C8.1 None as move to not routinely commissioned policy

	C8.2 If so, confirm the source of funds to meet these costs.	C8.2 Not applicable