

Service Impact Analysis Report for Clinical Commissioning Policies

Policy Reference Number	D09X04		
Policy Title	Auditory brainstem implant in non-tumour patients		
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Approved by	Cathy Edwards	Date	
Please complete section P on the impact worksheet and include with this document			
Provider Impact:			
P1 Existing patient pathway	P1.1 If there is an existing comparative treatment, what is the current patient pathway? <i>Including patient numbers that will follow the pathway</i>	There is no existing patient pathway.	
P2 Comparator Patient Pathway	P2.1 Compared to the existing patient pathway, what is the next best alternative option? <i>Including patient numbers that will follow the pathway</i>	There is no next best alternative option.	

P3 New Patient Pathway	P3.1 Where does the patient enter into the specialised service from in the patient pathway? <i>Including patient numbers that will follow the pathway</i>	Patients are likely to be referred from local audiological and ENT services.
P4 Treatment Setting	P4.1 How is this treatment delivered to the patient?	The treatment would be delivered to the patient in a small number of expert centres. Revision surgery is extremely difficult so the selection of centres is extremely important.
P5 Service Organisation	P5.1 How is this service organised?	There are five elements to the service: <ul style="list-style-type: none"> • Assessment pathway (comprising audiology assessment, information session, MDT, ENT outpatient appointment, intraoperative electrical auditory brainstem response (EABR) under GA, further audiology assessment, further ENT outpatient appointment) • Surgery • Post-ABI surgery (comprising intraoperative EABR under GA, activation of the ABI, programming of the ABI) • Subsequent visits for device programming): 4-6 visits year 1, two visits in years 2 and 3, annual visit year 4 onwards
P6 Workforce	P6.1 How is the treatment administered?	The treatment would be delivered to the

	<p>P6.2 What specialism is required to administer the treatment?</p> <p>P6.3 What is the volume of activity?</p> <p>P6.4 Do the staff require training and/or specific skills to deliver the treatment?</p>	<p>patient in a small number of expert centres. Revision surgery is extremely difficult so the selection of centres is extremely important.</p> <p>Expert centres would need to have the following specialisms:</p> <ul style="list-style-type: none"> • Neurosurgery • ENT • Audiology <p>It is likely that the centres with the required expertise to undertake this treatment would be those who already undertake the procedure in patients with neurofibromatosis type 2.</p>
P7 Monitoring	<p>P7.1 Are specific tests required to monitor the patient's condition/progress? <i>e.g. blood tests, scans, x-rays, hospital attendances</i></p>	<p>A number of specialist audiological tests are required – pre-, intra- and post-operatively. A number of specialist radiological tests are required.</p>
P8 Case Reviews	<p>P8.1 Do individual cases require reviews such as by a Multidisciplinary Team? <i>Impact on service organisation to be considered</i></p>	<p>The success of this treatment and assessment for this treatment relies on a multi-disciplinary team being in place.</p>
P9 Audit and Outcomes	<p>P9.1 What clinical audits are required for the provider to undertake as a result of implementing the policy?</p>	<p>The policy recommends that the details of all patients assessed for this treatment are entered into a clinical registry, including those that do not go on to have treatment.</p>

	<p>P9.2 How are the benefits of the treatment going to be identified and reported?</p> <p>P9.3 Are metrics in place, e.g. quality dashboard data collection in place, and how are these being utilised?</p> <p>P9.4 How are patient outcomes going to be reported and where to? <i>e.g. to support continuation of treatment and funding</i></p>	<p>Patient outcomes will be reported to the Highly Specialised Commissioning Team.</p>
P10 Substitution or Addition	<p>P10.1 Is this treatment substituting something already commissioned in the patient treatment pathway?</p> <p>P10.2 Is this additional to existing treatments?</p> <p>P10.3 Where does this treatment sit in a portfolio of a range of treatments <i>e.g. Hepatitis C</i></p>	<p>There is no alternative treatment.</p>
P11 Equipment	<p>P11.1 What equipment is required as a result of implementing this treatment? <i>e.g. scanners, IT hardware and software, impact on workforce to be considered</i></p>	<p>No equipment in addition to that already in situ is required to implement this policy.</p>
Commissioner Impact:		
P12 Tariff Status	<p>P12.1 Is this treatment included in tariff?</p>	<p>The treatment is not under national tariff. A local tariff of £36,193 is paid</p>

	<p>P12.2 Is this treatment excluded to tariff?</p> <p>P12.3 Is this subject to local price negotiation?</p>	<p>when the surgery is undertaken on patients with neurofibromatosis type 2. The total cost of the pathway is of the order of £60-65k.</p>
P13 Implementation	<p>P13.1 Is there a lead in time required prior to implementation? <i>Knowledge of local provider service currently in place</i></p> <p>P13.2 Is there a change in infrastructure required?</p>	<p>No lead in time is required – NHS England would, in an interim phase, commission the service from those providers who already undertake the treatment in patients with neurofibromatosis type 2 and would then run a provider selection process to select permanent providers of the service.</p>
P14 Monitoring	<p>P14.1 Is this included or does it need to be included in the NHS Standard Contract Information Schedule?</p> <p>P14.2 If this treatment is a drug, what pharmacy monitoring is required?</p> <p>P14.3 What analytical information /monitoring/ reporting required?</p>	<p>The service would be monitored through the existing Highly Specialised Service monitoring arrangements. There is a published NICE IPG (number 108) but no standards.</p>

	<p>P14.4 What contract monitoring is required by supplier managers? What changes need to be in place?</p> <p>P14.5 How is the information from the quality dashboards being incorporated into performance monitoring?</p> <p>P14.6 Are there any NICE quality standards that apply that require monitoring?</p>	
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