Integrated Impact Assessment Report for Clinical Commissioning Specifications

Policy Reference Number	A04S01		
Policy Title	Vascular Services Specification (Adults)		
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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 The prevalence of CVD is set to rise, related to an increasingly elderly population with increasing levels of obesity and diabetes. By 2022 the number of people at more than 20% risk of CVD could rise from 3.5 million in 2010 to 4.2 million.

	K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned care arrangements?	K1.2 All patients requiring in patient arterial intervention
	K1.3 What age group is the treatment indicated for?	K1.3 Adults
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Predominantly over 65
	K1.5 What is the current activity associated with currently routinely commissioned care for this group?	K1.5 Service specification outlines service provision required and updates existing specification to outline role of non-arterial centres
	K1.6 What is the projected growth of the disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years	K1.6 The prevalence of CVD is set to rise, related to an increasingly elderly population with increasing levels of obesity and diabetes. By 2022 the number of people at more than 20% risk of CVD could rise from 3.5 million in 2010 to 4.2 million.
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	
	K1.8 How is the population currently distributed geographically?	Fairly evenly although linked to socio economic deprivation

K2 Future Patient Population & Demography	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?	None of the options listed – changes to specification focus on the role of non arterial centres.
	K2.3 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival)	K2.3 Increasing age, obesity and diabetes
	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	K2.3 No
	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?	K2.4
K3 Activity	K3.1 What is the current annual activity for the target population covered under the new policy? Please provide details in accompanying excel sheet	K3.1
	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	K3.2 Unchanged

	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	K3.3 Not applicable
K4 Existing Patient Pathway	K4.1 If there is a relevant currently routinely commissioned treatment, what is the current patient pathway? Describe or include a figure to outline associated activity. K5. What are the current treatment access criteria? K6 What are the current treatment stopping points?	K4.1 Not applicable – no change to patient pathway K5 Not applicable no change to patient pathway K6 Not applicable no change to patient pathway
K5 Comparator (next best alternative treatment) Patient Pathway	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. 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.	K5.1Not applicable no change to patient pathway
K6 New Patient Pathway	K6.1 Describe or include a figure to outline	K6.1 Not applicable no change to

	associated activity with the patient pathway for the proposed new policy K6.2 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.	patient pathway K6.1 Not applicable no change to patient pathway
K7 Treatment Setting	K7.1How is this treatment delivered to the patient? K7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? *e.g. service capacity*	K7.1.Acute Trust: Inpatient K7.2 No change, new specification clarifies role of non arterial centres (non specialised activity)
K8 Coding	89.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded? K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)	K8.1 K8.2 No change to the patient pathway
K9 Monitoring	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	K9.1 No

	K9.2 If this treatment is a drug, what pharmacy monitoring is required?	K9.2 N/A
	K9.3 What analytical information /monitoring/ reporting is required?	K9.3 Standard activity reporting
	K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	K9.4 Standard contract activity monitoring
	K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	K9.5 Yes already in place
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	K9.6 No (currently being developed)
	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)	L1.1Varies across the country – most areas reconfigurations into networks

		either have occurred or are underway
	L1.2 How will the proposed policy change the way the commissioned service is organised?	L1.2 It will support local reviews to clarify role of non arterial centres in vascular networks
L2 Geography & Access	L2.1 Where do current referrals come from?	L2.1 General practice and secondary care
	L2.2 Will the new policy change / restrict / expand the sources of referral?	L2.2 No change expected
	L2.3 Is the new policy likely to improve equity of access?	L2.3 Should improve as pathways standardise across vascular networks
	L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.4 Evidence show outcomes will improve through standardisation
L3 Implementation	L3.1 Is there a lead in time required prior to implementation and if so when could implementation be achieved if the policy is agreed?	L3.1 No
	L3.2 Is there a change in provider physical infrastructure required?	L3.2 No
	L3.3 Is there a change in provider staffing required?	L3.3 No but specification clarifies roles
	L3.4 Are there new clinical dependency / adjacency	L3.4 No butspecification provides further clarity to role of nonarterial centres

	requirements that would need to be in place? L3.5 Are there changes in the support services that need to be in place? L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor) L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers? L3.8 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.	 L3.5 Not in NHS England commissioned services L3.6 Revised specification should strengthen interprovider governace by otling the role of non arterial centres L3.7 Not as direct consequence of revised specification (likely to be a decrease as a result of ongong Vascular reviews) L3.8 Not applicable
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
Section M - Finance Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
M1 Tariff	M1.1 Is this treatment paid under a national prices*,	M1.1

	and if so which?	
	M1.2 Is this treatment excluded from national prices?	M1.2
	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?	M1.3
	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	M1.4 Not applicable
	M1.5 is VAT payable (Y/N) and if so has it been included in the costings?	M1.5
	M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	M1.6
M2 Average Cost per Patient	M2.1 What is the revenue cost per patient in year 1?	M2.1
	M2.2 What is the revenue cost per patient in future years (including follow up)?	M2.2
M3 Overall Cost Impact of this Policy to NHS England	M3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England?	M3.1

	M3.2 Where this has not been identified, set out the reasons why this cannot be measured?	M3.2
M4 Overall cost impact of this policy to theNHS as a whole	M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs) M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole? M4.3 Where this has not been identified, set out the reasons why this cannot be measured? M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	M4.1 M4.2 M4.3 M4.4 Avoidance of death and disability by improved outcomes for limb preservation, carotid endartectomy and Abdominal Aortic Aneurysm repair will reduce economic impact and social care costs long term
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	M6.1 What are the material financial risks to implementing this policy? M6.2 Can these be mitigated, if so how? M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios	M6.1 None identified

M7 Value for Money	M7.1 What evidence is available that the treatment is cost effective? M7.2 What issues or risks are associated with this assessment?	M7.1 not applicable – no new treatment proposed M7.2 None
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.	*e.g. Transitional costs, periodical costs* *M8.1 None*