Integrated Impact Assessment Report for Clinical Commissioning Specifications

Policy Reference Number	A14/s/b		
Policy Title	Severe Asthma Services Specification (Adults)		
Accountable Commissioner	Kathy Blacker	**Clinical Lead**	Dr Andrew Menzies Gow
Finance Lead 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? K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned care arrangements?		K1.1 estimated prevalence of 140 patients per million population K1.2 All patients with a severe asthma diagnosis (adults only)

FOR PUBLIC CONSULTATION ONLY

	K1.3 What age group is the treatment indicated for?	K1.3Adults only
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Median age at referral is 40
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	K1.5 Patients in this group already under the care of severe asthma
	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 Annual incidence of approximately 14 patients per million – no anticpated growth
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	K1.7 No projected growth anticpted beyond improvement in lifespan through coordinated services
	K1.8 How is the population currently distributed geographically?	K1.8 Evenly distributed across England
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?	K2.1 No change proposed
	K2.3 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival)	K2.2 Potential to identify small numbers of patients who are currently under the care of DGH services without a locally designated centre

FOR PUBLIC CONSULTATION ONLY

	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 K2.4 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?	K2.3 Not anticipated K2.4 No change
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 K3.2 What will be the new activity should the new / revised policy be implemented in the target population? Please provide details in accompanying excel sheet K3.3 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	K3.1 K3.2 No change K3.3 Not applicable – policy already in place specification revision clarifies wording and MDT membership
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?	K4.1 No change tp existing pathway K5. Unchanged

FOR PUBLIC CONSULTATION ONLY

	K6. What are the current treatment stopping points?	K6. Unchanged
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.	K5.1 Not applicable – no change to pathway K5.2 Not applicable
K6 New Patient Pathway	K6.1 Describe or include a figure to outline 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.	K6.1 Not applicable – no change to pathway K6.2 not applicable – no change to pathway
K7 Treatment Setting	K7.1How is this treatment delivered to the patient?	K7.1Acute Trust: Inpatient/Daycase/Outpatient

FOR PUBLIC CONSULTATION ONLY

	K7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? *e.g. service capacity*	K7.2 No change anticipated
K8 Coding	K8..1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded?	K8.1 No ICD code for severe asthma
	K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)	K8.2 No change anticipated
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 None
	K9.2 If this treatment is a drug, what pharmacy monitoring is required?	K9.2 Not applicable
	K9.3 What analytical information /monitoring/ reporting is required?	K9.3 Routine contract monitoring only
	K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	K9.4 Routine monitoring only

FOR PUBLIC CONSULTATION ONLY

	K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	K9.5 Linked to British Thoracic Society Difficult Asthma Registry – will be in place by April 2016
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	K9.6 NICE QS25 Asthma
	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 Blueteq is used for Omalizumab currently
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)	L1.1Tertiary centres
	L1.2 How will the proposed policy change the way the commissioned service is organised?	L1.2 No change proposed
L2 Geography & Access	L2.1 Where do current referrals come from?	L1.2 Primary and secondary care
	L2.2 Will the new policy change / restrict / expand the sources of referral?	L1.3 No change
	L2.3 Is the new policy likely to improve equity of access?	L2.3 Yes – reduction in geographical variation

FOR PUBLIC CONSULTATION ONLY

	L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.4 Yes through standardisation of investigation and treatment options
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 – modification of ewisting specification
	L3.2 Is there a change in provider physical infrastructure required?	L3.2 No
	L3.3 Is there a change in provider staffing required?	L3.2 Potentially as MDT expanded, but should be from existing provider resource
	L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	L3.4 Voice therapy, pharmacy and smoking cessation services
	L3.5 Are there changes in the support services that need to be in place?	L3.5 no
	L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	L3.6 Not required
	L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	L3.7 Likely to be a decrease as some areas who have not yet designated specific centres do so
	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	L3.8 Not applicable

FOR PUBLIC CONSULTATION ONLY

	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 Not planned
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*, and if so which?	M1.1 National price
	M1.2 Is this treatment excluded from national prices?	M1.2
	M1.3 Is this covered under a local pricearrangements (if so state range), and if so are you confident that the costs are not also attributable to other clinical services?	M1.3 No
	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 N/A
	M1.5 is VAT payable (Y/N) and if so has it been included in the costings?	M1.5 N/A

FOR PUBLIC CONSULTATION ONLY

	M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	M1.6 N/A
M2 Average Cost per Patient	M2.1 What is the revenue cost per patient in year 1? M2.2 What is the revenue cost per patient in future years (including follow up)?	M2.1 M2.2 No change
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? M3.2 Where this has not been identified, set out the reasons why this cannot be measured?	M3.1 Likely to be cost saving as approximately 20% of patients identified as severe asthma will be able to be discharged to secondary care with improved asthma control. Centres will act as gatrekeepers for the use of high cost technologies to prevent inappropriate use, unnecessary risk to patient s and spiralling costs to the NHS. M3.2 Hard to demonstrate quantity of saving as costs avoided
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	M4.1 As above, but likely to be within NHS England budget – likely to be neutral for CCGs M4.2 As above M4.3As above

FOR PUBLIC CONSULTATION ONLY

	reasons why this cannot be measured? M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	 M4.4 Unlikely
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	M5.1 Not applicable. Decommissioning less clinically or cost-effective services
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 Existing specification already in place – no material financial risks identified M6.2 not applicable M6.3 Not applicable
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?	Published studies included in the servicespecification M7.2 Lack of formal Identification Rule for patients with severe asthma
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. Transitional costs, periodical costs M8.2 Not applicable

FOR PUBLIC CONSULTATION ONLY

FOR PUBLIC CONSULTATION ONLY