Integrated Impact Assessment Report for Clinical Commissioning Policies

Policy Reference Number	D08X07		
Policy Title	DBS for post stroke pain		
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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. 1This policy proposes a non-routine commissioning position for DBS for post stroke pain. **Chronic Post Stroke (**CPSP) prevalence amongst stroke patients ranges between 1 and 12% according to different estimates (Hosomi et al 2015). The wide range of the estimated prevalence arises as a result of different populations of patient studied and different tools for assessing pain severity. There are approximately 142,000 strokes in the UK/year and around 50,000 stroke victims die shortly afterwards. Of the 92,000 who survive, 30% (27,600) make full recovery, 65% (60,000) are disabled, and 5% (4,600) develop CPSP
	A1.2 What is the number of patients currently eligible for the treatment under the proposed policy?	A1.2 There is currently a do not routinely commission policy published on NHS England website

	A1.3 What age group is the treatment indicated for?	A1.3 The treatment is indicated for adults (aged 18 years and over)
	A1.4 Describe the age distribution of the patient population taking up treatment?	A1.4 As the prevalence of chronic pain increases with age the number of patients presenting is likely to increase with this demographic
	A1.5 What is the current activity associated with currently routinely commissioned care for this group?	A1.5 This is currently a not routine commissioned treatment and a policy is published
	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 No future changes in the prevalence of post stroke pain has been identified and therefore the rate in A1.1 is expected to grow in line with
	A1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years?	A1.7 The policy proposes that DBS for PSP is not routinely commissioned
	A1.8 How is the population currently distributed geographically?	A1.8 No geographical distribution has been identified for patients with post stroke pain.
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 The policy proposes that DBS for PSP is not routinely commissioned

	A2.2 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival).	A2.2 Demographics as detailed in A1.6
	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 None known
	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 The policy proposes that DBS for PSP is not routinely commissioned therefore there are no anticipated increase or decrease in patients accessing treatment
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.Current annual activity detailed in A1.5
	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 As in A2.4 the number of patients receiving DBS for post stroke pain will be zero
	A3.3 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	A3.3 There is no comparative treatment as these are patients who have exhausted all other treatments and no best alternative treatment as these are patients have exhausted all other treatments. They will remain on their current treatment.

	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 No currently commissioned pathway
	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 N/A The policy proposes that DBS for PSP is not routinely commissioned
	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 after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	A5.2 N/A The policy proposes that DBS for PSP is not routinely commissioned
A6 New Patient Pathway	A6.1 Describe or include a figure to outline associated activity with the patient pathway for	A6.1 The policy proposes that DBS for PSP is not routinely commissioned

	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.	A6.2 N/A- The policy proposes that DBS for PSP is not routinely commissioned
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 ○ Homecare delivery A7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? *e.g. service capacity*	A7.1 N/A - The policy proposes that DBS for PSP is not routinely commissioned A7.2 N/A - The policy proposes that DBS for PSP is not routinely commissioned
A8 Coding	A8.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded?	A8.1 SUS

	A8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)	A8.2 procedure codes
A9 Monitoring	A9.1 Do any new or revised requirements need to be included in the NHS Standard Contract Information Schedule?	A9.1 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.2 If this treatment is a drug, what pharmacy monitoring is required?	A9.2 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.3 What analytical information /monitoring/ reporting is required?	A9.3 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	A9.4 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	A9.5 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	A9.6 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	A9.7 Do you anticipate using Blueteq or other equivalent system to guide access to	A9.7 N/A - The policy proposes that DBS for PSP is not routinely commissioned

	treatment? If so, please outline. *See also linked question in M1 below*	
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 This is currently not routinely commissioned
	B1.2 How will the proposed policy change the way the commissioned service is organised?	B1.2 N/A - The policy proposes that DBS for PSP is not routinely commissioned
B2 Geography & Access	B2.1 Where do current referrals come from?	B2.1 Referrals to the tertiary pain centre come from secondary care specialist pain centres
	B2.2 Will the new policy change / restrict / expand the sources of referral?	B2.2 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B2.3 Is the new policy likely to improve equity of access?	B2.3 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B2.4 Is the new policy likely to improve equality of access / outcomes?	B2.4 Equality of access will remain the same
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 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B3.2 Is there a change in provider physical	B3.2 N/A - The policy proposes that DBS for

	infrastructure required?	PSP is not routinely commissioned
	B3.3 Is there a change in provider staffing required?	B3.3 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	B3.4 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B3.5 Are there changes in the support services that need to be in place?	B3.5 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	B3.6 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	B3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	B3.7 N/A - The policy proposes that DBS for PSP is not routinely commissioned
	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 N/A - The policy proposes that DBS for PSP is not routinely commissioned
B4 Collaborative Commissioning	B4.1 Is this service currently subject to or planned for collaborative commissioning arrangements? (e.g. future CCG lead,	B4.1 N/A - The policy proposes that DBS for PSP is not routinely commissioned

	devolved commissioning arrangements)	
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 N/A not routinely commissioned
	C1.2 Is this treatment excluded from national prices?	C1.2 N/A not routinely commissioned
	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 N/A not routinely commissioned
	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 N/A not routinely commissioned
	C1.5 is VAT payable (Y/N) and if so has it been included in the costings?	C1.5 N/A not routinely commissioned
	C1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	C1.6 N/A not routinely commissioned
C2 Average Cost per Patient	C2.1 What is the revenue cost per patient in year 1?	C2.1 £30k per annum, consisting of device cost £18k plus £12k inpatient/outpatient activity cost

	C2.2 What is the revenue cost per patient in future years (including follow up)?	C2.2 Broadly same, plus small extra cost for annual outpatient follow ups. However, device needs to be replaced every 9 years on average, so cost rises in longer term.
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 The policy proposes that DBS for PSP is not routinely commissioned. Therefore it should be cost neutral C3.2N/A
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 Likely to be cost neutral to other parts of the NHS C4.2 Cost neutral C4.3 N/A C4.4 None identified
C5 Funding	C5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified. *e.g. decommissioning less clinically or cost-effective services*	C5.1 N/A
C6 Financial Risks	C6.1 What are the	C6.1 No material financial risk identified

Associated with Implementing this Policy	material financial risks to implementing this policy? C6.2 Can these be mitigated, if so how? C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	 C6.2 N/A C6.3 N/A
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* C7.2 What issues or risks are associated with this assessment? *e.g. quality or availability of evidence*	C7.1 N/A C7.2 N/A
C8 Cost Profile	C8.1 Are there non-recurrent capital or revenue costs associated with this policy? *e.g. Transitional costs, periodical costs* C8.2 If so, confirm the source of funds to meet these costs.	C8.1 N/A - The policy proposes that DBS for PSP is not routinely commissioned C8.2 N/A