Integrated Impact Assessment Report for Service Specifications

Service Specification Reference	B14/S/b		
Service Specification	Penile cancer		
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Please also complete sections K, L and M on the CPAG finance template			

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 service under currently routinely commissioned care arrangements?	K1.1, K1.2 There are over 400 cases of penile cancer diagnosed in England each year, with a crude incidence rate of 1.3 per 100,000 male population. **Penile cancer prevalence**

		Because penile cancer is a rare cancer, it was not part of the PHE/Macmillan prevalence modelling. The most recent report on incidence of rare cancers in England (PHE 2015) http://www.ncin.org.uk/publications/rare_and_less_common_cancers and data available at PHE via https://www.cancerdata.nhs.uk/ demonstrate incidence has remained fairly stable and is therefore reasonable to assume growth of incidence in line with demographic growth, though given the fluctuations with rare cancers this may be subject to over or under estimation. • 16/17: 491 • 17/18: 496 • 20/21: 500
	K1.3 What age group is the service indicated for?	K1.3 The service is for adults (aged 18 years and over), in accordance with the national prescribed services manual.
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Cancer of the penis is rare in England and is most often diagnosed in men aged 50 and over, although it does also occur in younger men.
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	K1.5 Currently there are over 400 cases of penile activity per year.

	K1.6 What is the projected growth of the disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years K1.7 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?	K1.6 This is a rare cancer, with a relatively stable incidence rate, this being a better determinant of prevalence (NCIN, 2013). See K1.1. K1.7 Please see K1.6, the model assumes only demographic change. K1.8 This is a rare cancer and the geographical distribution within England is not known.
K2 Future Patient Population & Demography	K2.1 Does the new specification: 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? K2.2 Please describe any factors likely to affect growth in the patient population for this service (e.g. increased disease prevalence, increased survival)	K2.1 Not applicable. The revised service specification includes the following changes: • Minor typographical errors removed. • Non-commissioning detail removed. • An example of a patient pathway added. • Quality Dashboard measures added. • The need for central pathology review added. K2.2 No additional factors, not previously listed within K1.6 and K1.7, have been identified.

	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 service per year in year 2, 5 and 10?	K2.3 No changes have been identified. K2.4 Please see K1.6 and K1.7.
K3 Activity	K3.1 What is the current annual activity for the target population covered under the new specification? Please provide details in accompanying excel sheet K3.2 What will be the new activity should the new / revised specification 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 No change is expected to the annual activity rates for the service, as a result of the revised service specification. However, activity will change over time as a result of demographic changes and changes to incidence rates. Please see K1.5, K1.6 and K1.7. K3.2 Not applicable. The new service specification is not expected to alter the numbers of people diagnosed with penile cancer. K3.3 Not applicable.

K4 Existing Patient Pathway	K4.1 If there is a relevant currently routinely commissioned service, what is the current patient pathway? Describe or include a figure to outline associated activity.	K4.1 The prescribed services manual defines that NHS England commissions specialist cancer services for adults, including services delivered on an outreach basis as part of a provider network. Such services include all care provided by Specialist Cancer Centres for specified rare cancers, of which penile cancer is one such service. There are over 400 cases of penile cancer diagnosed in England per annum.
	K4.2 What are the current treatment access criteria?	K4.2 Access to the specialist MDT will predominantly be via referral following a confirmed or suspected diagnosis of a penile cancer. However, some patients will be referred directly to a tertiary centre, where this is the local hospital.
	K4.3 What are the current treatment stopping points?	K4.3 Not applicable.
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.	K5.1 Not applicable.
	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	K5.2 Not applicable.

	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 New Patient Pathway	K6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new service specification 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, the service specification will not alter the number of penile cancers diagnosed. K6.2 Not applicable.
K7 Treatment Setting	K7.1How is this treatment delivered to the patient?	K7 The bulk of services, i.e., surgical interventions, are performed on an in-patient basis. However, some assessment and follow-up care is commissioned by NHS England where this activity is performed in the Specialist Centre.

	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 in the delivery setting is expected as a result of the implementation of the service specification.
K8 Coding	K8.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded? K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure codes)	K8.1 Not applicable, however all relevant activity (i.e., associated with the service specification) is recorded on SUS. K8.2 Not applicable.
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 K9.2 If this treatment is a drug, what pharmacy monitoring is required?	K9.1 No changes are required. K9.2 Not applicable. K9.3 Not applicable.

	K9.3 What analytical information /monitoring/ reporting is required? K9.4 What contract monitoring is required by supplier managers? What changes need to be in place? K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring? K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy? 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*	K9.4 Not applicable. K9.5 Not applicable. There is a draft quality dashboard in development and these measures have been built into the revised service specification. K9.6 These have been built into the revised service specification. K9.7 Not applicable.
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) L1.2 How will the proposed specification change the way the commissioned service is organised?	L1.1 The services are tertiary centres as part of larger clinical networks for cancer. L1.2 The revised service specification represents the current care pathways more accurately and reflects the appropriate quality metrics for the service. Therefore, no change in how the service is commissioned is expected as a result of the implementation of the service specification.
L2 Geography & Access	L2.1 Where do current referrals come from? L2.2 Will the new specification change / restrict / expand the sources of referral? L2.3 Is the new policy likely to improve equity of access? L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.1 Please see K4.1 and K4.2 L2.2 No change. L2.3 No change. L2.4 No change.
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 The revised service specification should be introduced no later than from April 2017. However, in some areas it may be possible to implement this during 2016/17, by negotiation and agreement with the nine current penile cancer providers. L3.2 Not applicable.

	L3.2 Is there a change in provider physical infrastructure required?	L3.3 Not applicable.
	L3.3 Is there a change in provider staffing required?	L3.4 Not applicable.
	L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	L3.5 Not applicable.
	L3.5 Are there changes in the support services that need to be in place?	L3.6 Not applicable.
	L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	L3.7 No change.
	L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	L3.8 Through local commissioning teams working collaboratively with 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)	
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 There are no known collaborative commissioning or devolution plans associated with these services on a national basis.
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 service paid under a national prices*, and if so which? M1.2 Is this service excluded from national prices? 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? M1.4 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	M1.1 to M1.3 The service is predominantly funded through national prices, however there are some arrangements in place for pass-through (drugs and devices) and some local price arrangements. M1.4 Not applicable. M1.5 Not applicable.

	M1.5 is VAT payable (Y/N) and if so has it been included in the costings? M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new specification?	M1.6 Not applicable.
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 and M2.2 Not applicable, there is no single price for a patient accessing services covered by the Penile Cancer service specification.
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 The revised service specification is cost neutral to NHS England. M3.2 Not applicable.
M4 Overall cost impact of this policy to the NHS 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)	M4.1 The revised service specification is cost neutral to other parts of the NHS. M4.2 Cost neutral.

	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?	M4.3 Not applicable. M4.4 No costs or savings have been identified for non NHS commissioners / public sector funders.
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 service specification? 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 There are no known financial risks associated with the implementation of the revised service specification. 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?	M7.1Not applicable. M7.2 Not applicable.
M8 Cost Profile	M8.1 Are there non-recurrent capital or revenue costs associated with this specification? M8.2 If so, confirm the source of funds to meet these costs.	M8.1 There are no non-recurrent capital or revenue costs associated with the service specification. M8.2 Not applicable.