NHS England

Integrated Impact Assessment Report for Service Specifications

Service specification Reference Number			
Service specification title	Sarcoma		
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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 There are around 100 different sub types of sarcoma and about 3,800 new cases of sarcoma are diagnosed each year in the UK which makes up approximately 1% of all cancer diagnosis.

	K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned care arrangements?	K1.2 3,300 people are diagnosed with a soft tissue sarcoma (including GIST). 500 people are diagnosed with a bone sarcoma 10 people every day are diagnosed with a sarcoma in the UK
	K1.3 What age group is the treatment indicated for?	K1.3 This specification is for all patients with suspected or diagnosed bone and soft tissue sarcoma
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Sarcomas make up 15% of all childhood cancers (0-14 years) Sarcomas make up 11% of all cancer diagnosis in teenagers and young people (15-25 years) In general, patients with a soft tissue sarcoma or bone sarcoma tend to be younger than the majority of cancer patients. 57% of soft tissue sarcomas affect those under 65 years and about a quarter of all bone sarcomas occur

		before the age of 30 years. Age specific incidence rates for **bone sarcoma** are bi-modal, with incidence peaks observed in teenagers and young adults, as well as the elderly. Bone sarcoma age specific incidence rates are significantly higher in males than females over 15 years of age. Rates in males exceed those of females by a ratio of 1.7:1 in those aged 15 to 19 years and by a ratio of 1.6:1 in those aged 55 years and over. The incidence of **soft tissue sarcomas** increases significantly with increasing age. The age specific incidence rate is highest in males aged 85 years and over where it reaches 230 per million and exceeds the rate for females by a ratio of 1.9:1. Age specific incidence rates for soft tissue sarcomas in females aged 45 to 59 years are slightly higher than those in males, due to the incidence of gynaecological sarcomas. In contrast to commoner cancers, an important proportion of soft tissue

		sarcomas affect younger people.
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	K1.5 3,300 people are diagnosed with a soft tissue sarcoma 500 people are diagnosed with a bone sarcoma
	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 incidence of these conditions is expected to remain at current levels. As such, population growth would drive the projected growth of the condition in years 2-10 The number of the new persons affected by sarcoma could be: 3800 (soft tissue) in 2016/17 (year 1) 500 (bone)
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	K1.7 It is assumed that activity will grow in line with demographic growth between years 2-10 (see K1.6)
	K1.8 How is the population currently distributed geographically?	K1.8 There are no significant geographical differences in the prevalence of sarcoma.

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?	K2.1 This specification brings together the separate bone and soft tissue sarcoma service specifications into a single specification (as agreed by RDAG in June 2016). The specification has been adjusted to expand the detail on anatomic sites that require special expertise and where the case numbers are low. The opportunity to gain greater intelligence about care of sarcomas is increased by this specification.
	K2.2 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival)	K2.2No factors 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	K2.3 No changes have been identified
	K2.4 What is the resulting expected net increase or decrease in the number of patients who will access	K2.4 Growth will be in line with natural population

	the treatment per year in year 2, 5 and 10?	
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 service specification is not adopted? Please details in accompanying excel sheet	K3.1 3,300 people are diagnosed with a soft tissue sarcoma 500 people are diagnosed with a bone sarcoma K3.2 The revised service specification is not expected to increase the number of people diagnosed 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.	K4.1 The aim of the service is to improve outcomes for all patients with sarcoma by ensuring that all patients will be referred to specialised sarcoma services. This includes access to surgical teams with appropriate sarcoma-specific and anatomic site knowledge as well as access to specialist paediatric, clinical and medical oncologists who have a particular interest and knowledge in sarcoma management with access to

		systemic treatment and radiotherapy. These clinicians must be supported by nursing and AHP staff who have also appropriate expertise. Specialist Sarcoma Centre multidisciplinary teams are responsible for assessment, diagnosis and treatment including surgical management, oncology and radiotherapy for soft tissue sarcoma and bone sarcoma. Pathways describing diagnosis, treatment and follow up supplemented by practice guidelines are used to ensure consistent and equitable care. Specialist Sarcoma Centres work according to prescribed pathways and guidelines with other service providers for the delivery of elements of care that may be appropriately undertaken outside of the Sarcoma Centre. In particular, practitioners designated by the Sarcoma Advisory Group in conjunction with the Sarcoma MDT will assist in the delivery of elements of care (e.g. diagnosis, chemotherapy or

	K5. What are the current treatment access criteria? K6 What are the current treatment stopping points?	radiotherapy), at Local Sarcoma Units. K5 Patients with a sarcoma 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. K5.2 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 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 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	K6.1 Not applicable. This is not a new patient pathway. See K4.1 K6.2 Not applicable

	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.	
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 Sarcoma services are delivered to patients through sarcoma specialised services. Specialised sarcoma services will host the MDT who will provide diagnostic, treatment and follow up services in conjunction with their respective Local Sarcoma Units. Local Sarcoma Units providing care in conjunction with specialised sarcoma services will be defined by the Sarcoma Advisory Group. Specialised sarcoma services must ensure that services available at affiliated sarcoma units and details of designated practitioners are published with information about pathways K7.2 No

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 as not new activity K8.2 Not applicable as not new activity
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? K9.3 What analytical information /monitoring/ reporting is required? K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	K9.1 This draft service specification does not impact on the NHS Standard Contract Information Schedule K9.2 Not applicable K9.3 There is huge variation in how providers are counting and coding soft tissue sarcoma currently. There is a need to extract the episodes from SUS or HES and then issue consistent guidance for hubs to follow. (The national tariff guidance is clear that soft tissue sarcoma is a pre-grouper exclusion based on the following criteria (and as set out below). K9.4 Contract managers should monitor that units are managing the care of at least:

		50 new patients with bone sarcoma per year; and at least 100 new patients per year with a soft tissue sarcoma. Contract Managers should ensure that the Specialist Sarcoma Centre is hosting a MDT and that the MDT is developing network pathways of care with the Sarcoma Advisory Group (SAG). Contract Managers should ensure that the SAG provides the primary source of clinical opinion within a sarcoma network. Trusts providing sarcoma care in conjunction with Specialist Sarcoma Centres must be defined by the SAG. Contract Managers must ensure that the Sarcoma MDT is constituted and organised in accordance with sarcoma measures. Contract Managers must ensure that Sarcoma MDTs publish information about the shared pathways, activity and patient outcomes, including information on site specific sarcomas.

	K9.5 Is there linked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	K9.5 The development of a single service specification has resulted in the development of sarcoma metrics linked to the aim and objectives of the service specification. A quality dashboard is in production.
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the service specification?	K9.6 Improving Outcomes for Children and Young People (NICE 2005) Improving Outcomes for People with Sarcoma (NICE 2006) Quality Standards for Sarcoma (NICE 2015)
	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 Not applicable
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)	L1.1 The pattern of service is based on a sarcoma MDT in designated Specialist Sarcoma Centres hosting either a soft tissue sarcoma MDT or a combined bone and soft tissue sarcoma MDT. The service is organised as part of a

	L1.2 How will the proposed service specification change the way the commissioned service is organised?	network L1.2 There will be no change
L2 Geography & Access	L2.1 Where do current referrals come from? L2.2 Will the new service specification change / restrict / expand the sources of referral? L2.3 Is the new service specification likely to improve equity of access? L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.1 Referrals come from primary care and other can come from other hospital services A specialist doctor will diagnose sarcoma through a series of tests. L2.2 The changes to the service specification will not impact on the source of referral L2.3 The changes to the service specification have been designed to improve equity of access L2.4 The changes to the service specification have been designed to improve equality of access/outcomes
L3 Implementation	L3.1 Is there a lead in time required prior to implementation and if so when could implementation be achieved if the service specification is agreed?	L3.1 There is a need to ensure that the required Sarcoma networks are hosted by a Specialist Sarcoma Centre and that the Sarcoma network is underpinned by a governance framework.

	L3.2 Is there a change in provider physical infrastructure required? L3.3 Is there a change in provider staffing required? L3.4 Are there new clinical dependency / adjacency 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	L3.2 No but the sarcoma network must convene a Sarcoma Advisory Group (SAG) that will provide the primary source of clinical opinion for the network. L3.3 No L3.4 No but the service will be operating within a network arrangement L3.5 No L3.6 There is a need to ensure that Sarcoma Networks and SAG arrangements are in place along with processes to designate practitioners within the network linked to the sarcoma measures L3.7 No but close monitoring must take place to ensure that units are managing the care of at least: 50 new patients with bone sarcoma per year; and at least 100 new patients pe Year with a soft tissue sarcoma.

	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)	L3.8 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
	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? M1.2 Is this treatment 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	**The finance part of this impact assessment has not been completed.** There is variation in how providers are counting and coding and work is ongoing to clarify the charging arrangements. This work will continue alongside the consultation process

	charged through existing routes 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 service specification?	
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)?	
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?	
M4 Overall cost impact of this policy to thins 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?	M4.1 Cost Neutral M4.2 Cost Neutral M4.3 Not applicable

	M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	M4.4 None
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	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 None 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?	M7.1 Not applicable M7.2 Not applicable
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 None M8.2 Not applicable