

## Integrated Impact Assessment Report for Service Specifications

<b>Service Specification Reference</b>	B14/S/c		
<b>Service Specification</b>	Urological cancers – Specialised Testicular Cancer services		
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<b>Section K - Activity Impact</b>			
<b>Theme</b>	<b>Questions</b>	<b>Comments</b> (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 In the UK around 18,600 people were still alive at the end of 2006, up to ten years after being diagnosed with testicular cancer (NCIN, 2010).	
	K1.2 What is the number of patients eligible for this service under currently routinely commissioned care	K1.2 There were almost 1,871 cases of testicular cancer in England in 2010, with an incidence rate of 7.2 cases per	

	<p>arrangements?</p> <p>K1.3 What age group is the service indicated for?</p> <p>K1.4 Describe the age distribution of the patient population taking up treatment?</p> <p>K1.5 What is the current activity associated with currently routinely commissioned care for this group?</p> <p>K1.6 What is the projected growth of the</p>	<p>100,000 population.</p> <p>K1.3 The service is for adults (aged 18 years and over), in accordance with the national prescribed services manual.</p> <p>K1.4 Testicular cancer incidence is strongly related to age, with the highest incidence rates overall being in younger males – the converse pattern to most cancers. In the UK in 2011-2013, on average each year almost half (47%) of cases were diagnosed in males aged under 35 (Cancer Research UK, 2016).</p> <p>Age-specific incidence rates rise sharply from around age 15-19, peak in the 30-34 age group, and subsequently drop sharply, rising slightly in males aged 90+ (Cancer Research UK, 2016).</p> <p>K1.5 There were 1,871 cases of testicular cancer in England in 2010, these patients will have received a mixture of surgery, radiotherapy and chemotherapy treatments.</p> <p>K1.6 Incidence is a more relevant</p>
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	<p>disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years</p> <p>K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years</p> <p>K1.8 How is the population currently distributed geographically?</p>	<p>indicator of likely activity growth. Testicular cancer incidence rates have overall increased in Great Britain since the late-1970s. Reasons for this increase remain unclear, with known risk factors and improved diagnosis or data collection unlikely to explain the trend.</p> <p>K1.7 Please see K1.6.</p> <p>K1.8 The geographical distribution of testicular cancer cases is not known.</p>
<p>K2 Future Patient Population &amp; Demography</p>	<p>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?</p>	<p>K2.1 Not applicable. The revised service specification includes the following changes:</p> <ul style="list-style-type: none"> <li>• Minor typographical errors removed.</li> <li>• Non-commissioning detail removed.</li> <li>• An example of a patient pathway added.</li> <li>• Quality dashboard Measures added.</li> <li>• The need for extra-testicular</li> </ul>

	<p>K2.2 Please describe any factors likely to affect growth in the patient population for this service (e.g. increased disease prevalence, increased survival)</p> <p>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</p> <p>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?</p>	<p>Germ Cell tumours to have the same pathway, added.</p> <ul style="list-style-type: none"> <li>• Sperm banking text clarified to include the need for an informed consent and counselling discussion about the impact of delaying surgical intervention to enable sperm-banking arrangements to be put in place.</li> </ul> <p>K2.2 No additional factors, not previously listed within K1.6 and K1.7, have been identified.</p> <p>K2.3 No changes have been identified.</p> <p>K2.4 Please see K1.6 and K1.7.</p>
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	K3.1 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

	<p>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</p> <p>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</p>	<p>demographic changes and changes to incidence rates. Please see K1.5, K1.6 and K1.7.</p> <p>K3.2 Not applicable. The new service specification is not expected to alter the numbers of people diagnosed with testicular cancer.</p> <p>K3.3 Not applicable.</p>
<p>K4 Existing Patient Pathway</p>	<p>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.</p>	<p>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 testicular cancer is one such service.</p> <p>There are approximately 1,871 cases of testicular cancer diagnosed in England per annum.</p>

	<p>K4.2 What are the current treatment access criteria?</p> <p>K4.3 What are the current treatment stopping points?</p>	<p>K4.2 Access to the specialist MDT will predominantly be via referral following a confirmed or suspected diagnosis of a testicular cancer. However, some patients will be referred directly to a tertiary centre, where this is the local hospital.</p> <p>K4.3 Not applicable.</p>
<p>K5 Comparator (next best alternative treatment) Patient Pathway</p>	<p>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.</p> <p>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.</p>	<p>K5.1 Not applicable.</p> <p>K5.2 Not applicable.</p>
<p>K6 New Patient Pathway</p>	<p>K6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new service specification</p>	<p>K6.1 Not applicable, the service specification will not alter the number of testicular cancers diagnosed.</p>

	<p>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.</p>	<p>K6.2 Not applicable.</p>
<p>K7 Treatment Setting</p>	<p>K7.1 How is this treatment delivered to the patient?</p> <p>K7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? <i>e.g. service capacity</i></p>	<p>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.</p> <p>K7.2 No change in the delivery setting is expected as a result of the implementation of the service specification.</p>
<p>K8 Coding</p>	<p>K8.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded?</p> <p>K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure</p>	<p>K8.1 Not applicable, however all relevant activity (i.e., associated with the service specification) is recorded on SUS.</p> <p>K8.2 Not applicable.</p>

	codes)	
K9 Monitoring	<p>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 <a href="mailto:CTownley@nhs.net">CTownley@nhs.net</a>, ideally by end of October to inform following year's contract</p> <p>K9.2 If this treatment is a drug, what pharmacy monitoring is required?</p> <p>K9.3 What analytical information /monitoring/ reporting is required?</p> <p>K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?</p> <p>K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?</p> <p>K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?</p>	<p>K9.1 No changes are required.</p> <p>K9.2 Not applicable.</p> <p>K9.3 Not applicable.</p> <p>K9.4 Not applicable.</p> <p>K9.5 Not applicable. There is a draft quality dashboard in development and these measures have been built into the revised service specification.</p> <p>K9.6 These have been built into the revised service specification.</p>



	K9.7 Do you anticipate using Blueteq or other equivalent system to guide access to treatment? If so, please outline. <i>See also linked question in M1 below</i>	K9.7 Not applicable.
<b>Section L - Service Impact</b>		
<b>Theme</b>	<b>Questions</b>	<b>Comments</b> (Include source of information and details of assumptions made and any issues with the data)
L1 Service Organisation	<p>L1.1 How is this service currently organised (i.e. tertiary centres, networked provision)</p> <p>L1.2 How will the proposed specification change the way the commissioned service is organised?</p>	<p>L1.1 The services are tertiary centres as part of larger clinical networks for cancer.</p> <p>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.</p>
L2 Geography & Access	<p>L2.1 Where do current referrals come from?</p> <p>L2.2 Will the new specification change / restrict / expand the sources of referral?</p> <p>L2.3 Is the new policy likely to improve equity of</p>	<p>L2.1 Please see K4.1 and K4.2</p> <p>L2.2 No change.</p>

	<p>access?</p> <p>L2.4 Is the new policy likely to improve equality of access / outcomes?</p>	<p>L2.3 No change.</p> <p>L2.4 No change.</p>
L3 Implementation	<p>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?</p> <p>L3.2 Is there a change in provider physical infrastructure required?</p> <p>L3.3 Is there a change in provider staffing required?</p> <p>L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?</p> <p>L3.5 Are there changes in the support services that need to be in place?</p> <p>L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p>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 13 current testicular cancer providers.</p> <p>L3.2 Not applicable.</p> <p>L3.3 Not applicable.</p> <p>L3.4 Not applicable.</p> <p>L3.5 Not applicable.</p> <p>L3.6 Not applicable.</p>

	<p>L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?</p> <p>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)</p>	<p>L3.7 No change.</p> <p>L3.8 Through local commissioning teams working collaboratively with providers.</p>
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.
<b>Section M - Finance Impact</b>		
<b>Theme</b>	<b>Questions</b>	<b>Comments</b> (Include source of information and details of assumptions made and any issues with the data)
M1 Tariff	<p>M1.1 Is this service paid under a national prices*, and if so which?</p> <p>M1.2 Is this service excluded from national prices?</p> <p>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?</p>	M1.1 to M1.3 The service is predominantly funded through national prices.

	<p>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</p> <p>M1.5 is VAT payable (Y/N) and if so has it been included in the costings?</p> <p>M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new specification?</p>	<p>1.4 Not applicable.</p> <p>M1.5 Not applicable.</p> <p>M1.6 Not applicable.</p>
M2 Average Cost per Patient	<p>M2.1 What is the revenue cost per patient in year 1?</p> <p>M2.2 What is the revenue cost per patient in future years (including follow up)?</p>	<p>M2.1 and M2.2 Not applicable, there is no single price for a patient accessing services covered by the Testicular Cancer service specification.</p>
M3 Overall Cost Impact of this Policy to NHS England	<p>M3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England?</p> <p>M3.2 Where this has not been identified, set out the reasons why this cannot be measured?</p>	<p>M3.1 The revised service specification is cost neutral to NHS England.</p> <p>M3.2 Not applicable.</p>
M4 Overall cost impact of this policy to the NHS as a whole	<p>M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs)</p>	<p>M4.1 The revised service specification is cost neutral to other parts of the NHS.</p>

	<p>M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole?</p> <p>M4.3 Where this has not been identified, set out the reasons why this cannot be measured?</p> <p>M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?</p>	<p>M4.2 Cost neutral.</p> <p>M4.3 Not applicable.</p> <p>M4.4 No costs or savings have been identified for non NHS commissioners / public sector funders.</p>
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	<p>M6.1 What are the material financial risks to implementing this service specification?</p> <p>M6.2 Can these be mitigated, if so how?</p> <p>M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios</p>	<p>M6.1 There are no known financial risks associated with the implementation of the revised service specification.</p> <p>M6.2 Not applicable.</p> <p>M6.3 Not applicable.</p>
M7 Value for Money	<p>M7.1 What evidence is available that the treatment is cost effective?</p> <p>M7.2 What issues or risks are associated with this</p>	<p>M7.1 Not applicable.</p> <p>M7.2 Not applicable.</p>

	assessment?	
M8 Cost Profile	<p>M8.1 Are there non-recurrent capital or revenue costs associated with this specification?</p> <p>M8.2 If so, confirm the source of funds to meet these costs.</p>	<p>M8.1 There are no non-recurrent capital or revenue costs associated with the service specification.</p> <p>M8.2 Not applicable.</p>

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