

Integrated Impact Assessment Report for Clinical Commissioning Policies

Policy Reference Number	1619		
Policy Title	Deep Brain Stimulation for Tourette's		
Lead Commissioner	David Stockdale	Clinical Lead	Thomas Fonteyne
Finance Lead	Jazz Nandra	Analytical Lead	Click here to enter text.

Integrated Impact Assessment – Index

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About this Impact Assessment: instructions for completion and explanatory notes

- Each section is divided into themes.
- Each theme sets out a number of questions.
- All questions are answered by selecting a drop down option or including free text.
- Free text boxes are provided to enable succinct relevant commentary to be added which explains the rationale for response or assumption. Please limit responses to 3 sentences of explanatory text.
- Data in this document is either drawn from one of the relevant policy documents or a source for the information is provided.
- Where assumptions are included where data is not available, this is specified.

Section A - Activity Impact

A1 Current Patient Population & Demography / Growth

A1.1 Prevalence of the disease/condition.	<p>The policy proposes to not routinely commission the use of deep brain stimulation in treating patients with Tourette's. Approximately, 1% of the population under age 18 has Tourette's Syndrome (Robertson 2008). The majority have mild symptoms and those with a more severe condition generally respond to medication and/or get better spontaneously as they get older, although tics do not usually completely disappear..</p> <p><i>Source: Policy Proposition section 6</i></p>
A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.	<p>N/A do not routinely commission proposition</p> <p><i>Source: required</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.	<p><u>All ages</u></p> <p>Please specify</p> <p>Click here to enter text.</p>
A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria	<p>enter number. if relevant</p> <p><i>Source: Click here to enter text.</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A1.5 How is the population currently distributed geographically?	<p><u>Evenly</u></p> <p>If unevenly, estimate regional distribution by %:</p>

	<table border="1"> <tr> <td>North</td> <td>enter %</td> </tr> <tr> <td>Midlands & East</td> <td>enter %</td> </tr> <tr> <td>London</td> <td>enter %</td> </tr> <tr> <td>South</td> <td>enter %</td> </tr> </table>	North	enter %	Midlands & East	enter %	London	enter %	South	enter %	<p><i>Source: Policy Proposition section 6</i></p> <p>Please specify</p> <p>Click here to enter text.</p>		
North	enter %											
Midlands & East	enter %											
London	enter %											
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<p>A2 Future Patient Population & Demography</p>												
<p>A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new policy) in 2, 5, and 10 years?</p>	<p><u>Constant</u></p> <p>If other, Click here to enter text.</p> <p><i>Source: Policy Proposition section 6</i></p>											
<p>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</p>	<p><u>No</u></p> <p>Please specify</p> <p>Click here to enter text.</p> <p><i>Source: Policy Proposition section 6/other</i></p>											
<p>A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed service specification commissioning criteria, per year in years 2-5 and 10?</p>	<table border="1"> <tr> <td>YR2 +/-</td> <td>0</td> </tr> <tr> <td>YR3 +/-</td> <td>0</td> </tr> <tr> <td>YR4 +/-</td> <td>0</td> </tr> <tr> <td>YR5 +/-</td> <td>0</td> </tr> <tr> <td>YR10 +/-</td> <td>0</td> </tr> </table>		YR2 +/-	0	YR3 +/-	0	YR4 +/-	0	YR5 +/-	0	YR10 +/-	0
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Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.	<p>Source: Service specification proposition section 3.1</p> <p>Yes</p> <p>Click here to enter text.</p>
A3 Activity	
A3.1 What is the purpose of new policy?	<p><u>Revise existing policy (expand or restrict an existing treatment threshold / Add an additional line of treatment / stage of treatment)</u></p> <p>Please specify</p> <p>The policy is to not routinely commission the use of deep brain stimulation for the conditions outlined in A1.1.</p>
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	<p>0</p> <p>Source: <i>Current DNR published policy</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?	<p>0</p> <p>Source: <i>DNR Policy</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A3.4 What is the estimated annual activity associated with the next best alternative comparator pathway for the eligible population? If the only alternative is the existing pathway, please state 'not	<p>Not applicable</p> <p>Source: <i>required</i></p> <p>Please specify</p>

applicable' and move to A4.	Click here to enter text.
A4 Existing Patient Pathway	
A4.1 Existing pathway: Describe the relevant currently routinely commissioned: <ul style="list-style-type: none"> • Treatment or intervention • Patient pathway • Eligibility and/or uptake estimates. 	Behavioural therapy is usually the first approach to treatment. If this is unsuccessful medicine may be given; using drugs developed for the treatment of mental health conditions such as psychosis. In some cases muscle relaxing treatments are used. <i>Source: Policy proposition</i>
A4.2. What are the current treatment access and stopping criteria?	Not applicable <i>Source: required</i>
A4.3 What percentage of the total eligible population is expected to: <ul style="list-style-type: none"> a) Be clinically assessed for treatment b) Be considered to meet an exclusion criteria following assessment c) Choose to initiate treatment d) Comply with treatment e) Complete treatment? 	If not known, please specify Not applicable as position is to not routinely commission. <ul style="list-style-type: none"> a) 0% b) 0% c) 0% d) 0% e) 0% <i>Source: required</i>
A5 Comparator (next best alternative treatment) Patient Pathway (NB: comparator/next best alternative does not refer to current pathway but to an alternative option)	
A5.1 Next best comparator:	<u>No</u>

<p>Is there another 'next best' alternative treatment which is a relevant comparator?</p> <p><i>If yes, describe relevant</i></p> <ul style="list-style-type: none"> • <i>Treatment or intervention</i> • <i>Patient pathway</i> • <i>Actual or estimated eligibility and uptake</i> 	<p>Not applicable as position is to not routinely commission.</p> <p>If yes, Click here to enter text.</p> <p>Source: PWG</p>
<p>A5.2 What percentage of the total eligible population is estimated to:</p> <ul style="list-style-type: none"> a) Be clinically assessed for treatment b) Be considered to meet an exclusion criteria following assessment c) Choose to initiate treatment d) Comply with treatment e) Complete treatment? 	<p>Not applicable as position is to not routinely commission.</p> <p>Total estimated eligible</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) enter % e) enter % <p>Source: Click here to enter text.</p>
<p>A6 New Patient Pathway</p>	
<p>A6.1 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> a) Be clinically assessed for treatment b) Be considered to meet an exclusion criteria following assessment c) Choose to initiate treatment d) Comply with treatment e) Complete treatment? 	<p>If not known, please specify N/A Continues do not routinely commission position</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) enter % e) enter % <p>Source: <i>Published Policy</i></p>

A6.2 Specify the nature and duration of the proposed new treatment or intervention.	<p>One off</p> <p>For time limited treatments, specify frequency and/or duration.</p> <p>Click here to enter text.</p> <p><i>Source: required</i></p>																			
<p>A7 Treatment Setting</p>																				
A7.1 How is this treatment delivered to the patient?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Emergency/Urgent care attendance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: inpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acute Trust: day patient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community setting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Homecare</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify:</p>		Emergency/Urgent care attendance	<input type="checkbox"/>	Acute Trust: inpatient	<input checked="" type="checkbox"/>	Acute Trust: day patient	<input type="checkbox"/>	Acute Trust: outpatient	<input type="checkbox"/>	Mental Health provider: inpatient	<input type="checkbox"/>	Mental Health provider: outpatient	<input type="checkbox"/>	Community setting	<input type="checkbox"/>	Homecare	<input type="checkbox"/>	Other	<input type="checkbox"/>
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A7.2 What is the current number of contracted providers for the eligible population by region?	<table border="1"> <tr> <td>NORTH</td> <td>number</td> </tr> <tr> <td>MIDLANDS & EAST</td> <td>number</td> </tr> <tr> <td>LONDON</td> <td>number</td> </tr> </table>		NORTH	number	MIDLANDS & EAST	number	LONDON	number												
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A7.3 Does the proposition require a change of delivery setting or capacity requirements?	<p>No Please specify: Click here to enter text. Source: DNR Policy</p>																				
A8 Coding																					
<p>A8.1 Specify the datasets used to record the new patient pathway activity.</p> <p>*expected to be populated for all commissioned activity</p>	<p>Not applicable as position is to not routinely commission.</p> <hr/> <p>Select all that apply:</p> <table border="1"> <tr> <td>Aggregate Contract Monitoring *</td><td><input type="checkbox"/></td></tr> <tr> <td>Patient level contract monitoring</td><td><input type="checkbox"/></td></tr> <tr> <td>Patient level drugs dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Patient level devices dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Devices supply chain reconciliation dataset</td><td><input type="checkbox"/></td></tr> <tr> <td>Secondary Usage Service (SUS+)</td><td><input type="checkbox"/></td></tr> <tr> <td>Mental Health Services DataSet (MHSDS)</td><td><input type="checkbox"/></td></tr> <tr> <td>National Return**</td><td><input type="checkbox"/></td></tr> <tr> <td>Clinical Database**</td><td><input type="checkbox"/></td></tr> <tr> <td>Other**</td><td><input type="checkbox"/></td></tr> </table> <p>**If National Return, Clinical database or other selected, please specify:</p>	Aggregate Contract Monitoring *	<input type="checkbox"/>	Patient level contract monitoring	<input type="checkbox"/>	Patient level drugs dataset	<input type="checkbox"/>	Patient level devices dataset	<input type="checkbox"/>	Devices supply chain reconciliation dataset	<input type="checkbox"/>	Secondary Usage Service (SUS+)	<input type="checkbox"/>	Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>	National Return**	<input type="checkbox"/>	Clinical Database**	<input type="checkbox"/>	Other**	<input type="checkbox"/>
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A8.2 Specify how the activity related to the new patient pathway will be identified.	<p>Not applicable as position is to not routinely commission.</p> <hr/> <p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>OPCS v4.8</td><td><input type="checkbox"/></td></tr> <tr> <td>ICD10</td><td><input type="checkbox"/></td></tr> <tr> <td>Treatment function code</td><td><input type="checkbox"/></td></tr> <tr> <td>Main Speciality code</td><td><input type="checkbox"/></td></tr> <tr> <td>HRG</td><td><input type="checkbox"/></td></tr> <tr> <td>SNOMED</td><td><input type="checkbox"/></td></tr> <tr> <td>Clinical coding / terming methodology used by clinical profession</td><td><input type="checkbox"/></td></tr> </table>	OPCS v4.8	<input type="checkbox"/>	ICD10	<input type="checkbox"/>	Treatment function code	<input type="checkbox"/>	Main Speciality code	<input type="checkbox"/>	HRG	<input type="checkbox"/>	SNOMED	<input type="checkbox"/>	Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>
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A8.3 Identification Rules for Drugs: How are drug costs captured?	<p><u>Not applicable</u></p> <p>:</p> <p>Click here to enter text.</p>														
A8.4 Identification Rules for Devices: How are device costs captured?	<p><u>Not applicable</u></p> <p>Click here to enter text.</p> <p>Click here to enter text.</p>														
A8.5 Identification Rules for Activity: How are activity costs captured?	<p>Choose an item.</p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p> <p>Click here to enter text.</p>														

	<p>If activity costs are already captured please specify whether this service needs a separate code. Choose an item.</p> <p>If the activity is captured but the service line needs amendment please specify whether the proposed amendments have been documented and agreed with the Identification Rules team.</p> <p>Click here to enter text.</p> <p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the Identification Rules team. Choose an item.</p>						
A9 Monitoring							
A9.1 Contracts Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.	<p><u>None</u></p> <p>Please specify</p> <p>Click here to enter text.</p>						
A9.2 Excluded Drugs and Devices (not covered by the Zero Cost Model) For treatments which are tariff excluded drugs or devices not covered by the Zero Cost Model, specify the pharmacy or device monitoring required, for example reporting or use of prior approval systems.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Drugs or Device MDS</td><td><input type="checkbox"/></td></tr> <tr> <td>Blueteq</td><td><input type="checkbox"/></td></tr> <tr> <td>Other prior approval</td><td><input type="checkbox"/></td></tr> </table> <p>Please specify: Not applicable</p>	Drugs or Device MDS	<input type="checkbox"/>	Blueteq	<input type="checkbox"/>	Other prior approval	<input type="checkbox"/>
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Blueteq	<input type="checkbox"/>						
Other prior approval	<input type="checkbox"/>						
A9.3 Business intelligence Is there potential for duplicate reporting?	<p><u>No</u></p> <p>If yes, please specify mitigation:</p> <p>Click here to enter text.</p>						

<p>A9.4 Contract monitoring</p> <p>Is this part of routine contract monitoring?</p>	<p><u>No</u></p> <p>Not applicable as position is to not routinely commission.</p> <p>If yes, please specify contract monitoring requirement: Click here to enter text.</p>
<p>A9.5 Dashboard reporting</p> <p>Specify whether a dashboard exists for the proposed intervention?</p>	<p><u>No</u></p> <p>Not applicable as position is to not routinely commission.</p> <p>If yes, specify how routine performance monitoring data will be used for dashboard reporting. Click here to enter text.</p> <p>If no, will one be developed? Click here to enter text.</p>
<p>A9.6 NICE reporting</p> <p>Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new policy?</p>	<p><u>No</u></p> <p>Not applicable as position is to not routinely commission.</p> <p>If yes, specify how performance monitoring data will be used for this purpose. Click here to enter text.</p>
<p>Section B - Service Impact</p>	
<p>B1 Service Organisation</p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)</p>	<p>Tertiary centres Source: <i>required</i></p>

B1.2 Will the proposition change the way the commissioned service is organised?	<p><u>No</u> Please specify: Click here to enter text. Source: <i>required</i></p>								
B1.3 Will the proposition require a new approach to the organisation of care?	<p><u>No change to delivery of care</u> Please specify: Click here to enter text.</p>								
<p>B2 Geography & Access</p>									
B2.1 Where do current referrals come from?	<p>Select all that apply:</p> <table border="1" data-bbox="1086 699 1597 938"> <tr> <td>GP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Secondary care</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tertiary care</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify: Click here to enter text.</p>	GP	<input type="checkbox"/>	Secondary care	<input type="checkbox"/>	Tertiary care	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
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Other	<input type="checkbox"/>								
B2.2 What impact will the new policy have on the sources of referral?	<p><u>No impact</u> Please specify: Click here to enter text.</p>								
B2.3 Is the new policy likely to improve equity of access?	<p><u>No impact</u> Please specify:</p>								

	<p>Click here to enter text.</p> <p>Source: <i>Equalities Impact Assessment</i></p>
B2.4 Is the new policy likely to improve equality of access and/or outcomes?	<p><u>No impact</u></p> <p>Please specify:</p> <p>Click here to enter text.</p> <p>Source: <i>Equalities Impact Assessment</i></p>
B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<p><u>No action required</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
<p>B3.2 Time to implementation:</p> <p>Is a lead-in time required prior to implementation?</p>	<p><u>No - go to B3.4</u></p> <p>If yes, specify the likely time to implementation: Enter text</p>
<p>B3.3 Time to implementation:</p> <p>If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p>Choose an item.</p> <p>If yes, outline the plan:</p> <p>Click here to enter text.</p>
B3.4 Is a change in provider physical infrastructure required?	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
B3.5 Is a change in provider staffing required?	<p><u>No</u></p> <p>Please specify:</p>

	Click here to enter text.																								
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p><u>No</u> Please specify: Click here to enter text.</p>																								
B3.7 Are there changes in the support services that need to be in place?	<p><u>No</u> Please specify: Click here to enter text.</p>																								
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<p><u>No</u> Please specify: Click here to enter text.</p>																								
B3.9 Is there likely to be either an increase or decrease in the number of commissioned providers? If yes, specify the current and estimated number of providers required in each region	<p><u>No change</u> Not applicable as position is to not routinely commission.</p> <p><i>Please complete table:</i></p> <table border="1"> <thead> <tr> <th>Region</th><th>Current no. of providers</th><th>Future State expected range</th><th>Provisional or confirmed</th></tr> </thead> <tbody> <tr> <td>North</td><td></td><td></td><td>select</td></tr> <tr> <td>Midlands & East</td><td></td><td></td><td>select</td></tr> <tr> <td>London</td><td></td><td></td><td>select</td></tr> <tr> <td>South</td><td></td><td></td><td>select</td></tr> <tr> <td>Total</td><td></td><td></td><td>select</td></tr> </tbody> </table>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North			select	Midlands & East			select	London			select	South			select	Total			select
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B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Publication and notification of new policy</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Market intervention required</td><td><input type="checkbox"/></td></tr> <tr> <td>Competitive selection process to secure increase or decrease provider configuration</td><td><input type="checkbox"/></td></tr> <tr> <td>Price-based selection process to maximise cost effectiveness</td><td><input type="checkbox"/></td></tr> <tr> <td>Any qualified provider</td><td><input type="checkbox"/></td></tr> <tr> <td>National Commercial Agreements e.g. drugs, devices</td><td><input type="checkbox"/></td></tr> <tr> <td>Procurement</td><td><input type="checkbox"/></td></tr> <tr> <td>Other</td><td><input checked="" type="checkbox"/></td></tr> </table> <p>Please specify: Click here to enter text.</p>	Publication and notification of new policy	<input checked="" type="checkbox"/>	Market intervention required	<input type="checkbox"/>	Competitive selection process to secure increase or decrease provider configuration	<input type="checkbox"/>	Price-based selection process to maximise cost effectiveness	<input type="checkbox"/>	Any qualified provider	<input type="checkbox"/>	National Commercial Agreements e.g. drugs, devices	<input type="checkbox"/>	Procurement	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>
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B4 Place-based Commissioning																	
B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)	<p>No</p> <p>Please specify: Click here to enter text.</p>																
Section C - Finance Impact																	

C1 Tariff/Pricing

C1.1 How is the service contracted and/or charged?
Only specify for the relevant section of the patient pathway

Select all that apply:

Drugs	Not separately charged – part of local or national tariffs	<input type="checkbox"/>
	Excluded from tariff – pass through	<input type="checkbox"/>
	Excluded from tariff - other	<input type="checkbox"/>
Devices	Not separately charged – part of local or national tariffs	<input checked="" type="checkbox"/>
	Excluded from tariff (excluding ZCM) – pass through	<input type="checkbox"/>
	Excluded from tariff (excluding ZCM) – other	<input type="checkbox"/>
	Via Zero Cost Model	<input type="checkbox"/>
Activity	Paid entirely by National Tariffs	<input checked="" type="checkbox"/>
	Paid entirely by Local Tariffs	<input type="checkbox"/>
	Partially paid by National Tariffs	<input type="checkbox"/>
	Partially paid by Local Tariffs	<input type="checkbox"/>
	Part/fully paid under a Block arrangement	<input type="checkbox"/>
	Part/fully paid under Pass-Through arrangements	<input type="checkbox"/>
	Part/fully paid under Other arrangements	<input type="checkbox"/>

C1.2 Drug Costs

Where not included in national or local tariffs, list each drug or combination, dosage, quantity, **list** price including VAT if applicable and any other key information e.g. Chemotherapy Regime.
NB discounted prices or local prices must not be included as these

Not applicable

are subject to commercial confidentiality and must not be disclosed.	
C1.3 Device Costs Where not included in national or local tariff, list each element of the excluded device, quantity, list or expected price including VAT if applicable and any other key information. NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	Not applicable as position is to not routinely commission.
C1.4 Activity Costs covered by National Tariffs List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Not applicable as position is to not routinely commission.
C1.5 Activity Costs covered by Local Tariff List all the HRGs (if applicable), HRG or local description, estimated average tariff, volume and any other key costs. Also indicate whether the Local Tariff(s) is/are newly proposed or established and if newly proposed how it has been derived, validated and tested.	Not applicable
C1.6 Other Activity Costs not covered by National or Local Tariff Include descriptions and estimates of all key costs.	Not applicable
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	Choose an item. Please specify: Click here to enter text.
C2 Average Cost per Patient	

<p>C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?</p> <p>Are there any changes expected in year 6-10 which would impact the model?</p>	YR1	£0.00	enter number.
	YR2	£0.00	enter number.
	YR3	£0.00	enter number.
	YR4	£0.00	enter number.
	YR5	£0.00	enter number.
	<p>If yes, please specify:</p> <p>There would be no revenue cost as the policy is to not routinely commission.</p>		
<p>C3 Overall Cost Impact of this Policy to NHS England</p>			
<p>C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.</p>	<p><u>Cost neutral</u></p> <p>Please specify:</p> <p>As the position is to not routinely commission.</p> <p>Please specify:</p> <p>Year 1: £0.00</p> <p>Year 2: £0.00</p> <p>Year 5: £0.00</p>		

C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	Not Applicable
C3.3 If the activity is subject to a change of commissioning responsibility, from CCG to NHS England, has a methodology for the transfer of funds been identified, and calculated?	Not Applicable
C4 Overall cost impact of this policy to the NHS as a whole	
C4.1 Specify the budget impact of the proposal on other parts of the NHS.	<p>Budget impact for CCGs: <u>No impact on CCGs</u></p> <p>Budget impact for providers: <u>No impact on providers</u></p> <p>Please specify: Click here to enter text.</p>
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<p><u>Cost neutral</u></p> <p>Please specify:</p> <p>Year 1: £0.00 Year 2: £0.00 Year 5: £0.00</p>
C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured	Not applicable

C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?	<u>No</u> Please specify: Click here to enter text.
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.	As the position is to not routinely commission, there would not be a call upon the CPAG Prioritisation reserve.
C6 Financial Risks Associated with Implementing this Policy	
C6.1 What are the material financial risks to implementing this policy?	No material financial risks have been identified to implementing this policy
C6.2 How can these risks be mitigated?	Not applicable
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	Not applicable
C6.4 What scenario has been approved and why?	Not applicable
C7 Value for Money	

<p>C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence review?</p>	<p><u>There is no published evidence of cost-effectiveness</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>															
<p>C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?</p>	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td data-bbox="1093 336 2056 427">Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment</td> <td data-bbox="2067 336 2123 427"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 435 2056 526">Available pricing data suggests the treatment is lower cost compared to current/comparator treatment</td> <td data-bbox="2067 435 2123 526"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 534 2056 625">Available clinical practice data suggests the new treatment has the potential to improve value for money</td> <td data-bbox="2067 534 2123 625"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 633 2056 673">Other data has been identified</td> <td data-bbox="2067 633 2123 673"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 681 2056 721">No data has been identified</td> <td data-bbox="2067 681 2123 721"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 729 2056 820">The data supports a high level of certainty about the impact on value</td> <td data-bbox="2067 729 2123 820"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1093 828 2056 919">The data does not support a high level of certainty about the impact on value</td> <td data-bbox="2067 828 2123 919"><input type="checkbox"/></td> </tr> </table> <p>Please specify:</p> <p>Click here to enter text.</p>		Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment	<input type="checkbox"/>	Available pricing data suggests the treatment is lower cost compared to current/comparator treatment	<input type="checkbox"/>	Available clinical practice data suggests the new treatment has the potential to improve value for money	<input type="checkbox"/>	Other data has been identified	<input type="checkbox"/>	No data has been identified	<input type="checkbox"/>	The data supports a high level of certainty about the impact on value	<input type="checkbox"/>	The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>
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No data has been identified	<input type="checkbox"/>															
The data supports a high level of certainty about the impact on value	<input type="checkbox"/>															
The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>															
<p>C8 Cost Profile</p>																
<p>C8.1 Are there non-recurrent capital or revenue costs associated with this policy?</p>	<p>Choose an item.</p> <p>If yes, specify type and range:</p> <p>Click here to enter text.</p>															

C8.2 If yes, confirm the source of funds to meet these costs.

[Click here to enter text.](#)

Draft for consultation