

## Integrated Impact Assessment Report for Clinical Commissioning Policies

<b>Policy Reference Number</b>	1670		
<b>Policy Title</b>	Total Pancreatectomy with Islet Autotransplantation Proposal <b><u>for routine commission</u></b> (ref A3.1)		
<b>Lead Commissioner</b>	Sarah Watson	<b>Clinical Lead</b>	Professor Derek Manus
<b>Finance Lead</b>	Craig Charlton	<b>Analytical Lead</b>	<a href="#">Click here to enter text.</a>

### 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**

<p>A1.1 Prevalence of the disease/condition.</p>	<p>The UK prevalence is 15.4-26.4/100 000 and the incidence is 6-7/100 000  <i>Source: Policy Proposition section 6</i></p>		
<p>A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.</p>	<p>Total pancreatectomy and islet autotransplantation (TPIAT) was carried out in the UK (Leicester) from 1994-2011 but is not currently provided by the NHS. 40 new patients each year, with activity remaining stable.  <i>Source: Financial Model PWG</i>                  Please specify                  Click here to enter text.</p>		
<p>A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.</p>	<p><b><u>Adults</u></b>                  Please specify                  All adult patients will be eligible for treatment. In the Leicester series from 1994-2011 the median age of the treated population was 43 years and the range was 21-65 years</p>		
<p>A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria</p>	<p><i>Source: required</i>                  Please specify                  In the Leicester series from 1994-2011 the median age of the treated population was 43 years and the range was 21-65 years</p>		
<p>A1.5 How is the population currently distributed geographically?</p>	<p><b><u>Evenly</u></b>                  If unevenly, estimate regional distribution by %:  <table border="1" data-bbox="1088 1305 1599 1359"> <tr> <td data-bbox="1088 1305 1435 1359">North</td> <td data-bbox="1435 1305 1599 1359">enter %</td> </tr> </table></p>	North	enter %
North	enter %		

	<table border="1"> <tr> <td>Midlands &amp; East</td> <td>enter %</td> </tr> <tr> <td>London</td> <td>enter %</td> </tr> <tr> <td>South</td> <td>enter %</td> </tr> </table>	Midlands & East	enter %	London	enter %	South	enter %	<p><i>Source: Policy Proposition section 6</i></p> <p>Please specify</p> <p>The expected population is expected to be proportion to the regional population</p>				
Midlands & East	enter %											
London	enter %											
South	enter %											
<p><b>A2 Future Patient Population &amp; Demography</b></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><b><u>Constant</u></b></p> <p>If other, <a href="#">Click here to enter text.</a> <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><b><u>No</u></b></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></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>40</td> </tr> <tr> <td>YR3 +/-</td> <td>40</td> </tr> <tr> <td>YR4 +/-</td> <td>40</td> </tr> <tr> <td>YR5 +/-</td> <td>40</td> </tr> <tr> <td>YR10 +/-</td> <td>40</td> </tr> </table>	YR2 +/-	40	YR3 +/-	40	YR4 +/-	40	YR5 +/-	40	YR10 +/-	40	<p><i>Source: Service specification proposition section 3.1</i></p>
YR2 +/-	40											
YR3 +/-	40											
YR4 +/-	40											
YR5 +/-	40											
YR10 +/-	40											

<p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p>	<p><b>No</b>  No patients are currently treated. The anticipated number of patients that will be treated is related to the consolidation of referral patterns (the expert centres would be tertiary pancreatic units that receive complex patients with chronic pancreatitis but presently do not perform TPIAT) and an increase in confidence in the procedure as results are collected by the database and presented/published.</p>
<p><b>A3 Activity</b></p>	
<p>A3.1 What is the purpose of new policy?</p>	<p><b><u>Confirm routine commissioning position of an additional new treatment</u></b>  Please specify  Click here to enter text.</p>
<p>A3.2 What is the annual activity associated with the existing pathway for the eligible population?</p>	<p>40  Source: <i>required</i>  Please specify  Policy Working Group</p>
<p>A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?</p>	<p>40  Source: <i>required</i>  Please specify  Policy Working Group</p>
<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>	<p>Not applicable  Source: <i>required</i>  Please specify</p>

applicable' and move to A4.	Click here to enter text.
<b>A4 Existing Patient Pathway</b>	
<p>A4.1 <b>Existing pathway:</b> Describe the relevant currently routinely commissioned:</p> <ul style="list-style-type: none"> <li>• Treatment or intervention</li> <li>• Patient pathway</li> <li>• Eligibility and/or uptake estimates.</li> </ul>	<p>The present “next best alternative” is at present best medical management. Previously total pancreatectomy without islet autotransplantation was considered an alternative treatment but with the advent of TPIAT and the published results demonstrating good outcomes and the avoidance of brittle diabetes this is rarely performed in non-insulin dependent patients.</p> <p><i>Source: PWG and SUS data</i></p>
A4.2. What are the current treatment access and stopping criteria?	<p>There is no existing comparative treatment</p> <p><i>Source: required</i></p>
<p>A4.3 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> <li>a) Be clinically assessed for treatment</li> <li>b) Be considered to meet an exclusion criteria following assessment</li> <li>c) Choose to initiate treatment</li> <li>d) Comply with treatment</li> <li>e) Complete treatment?</li> </ul>	<p>If not known, please specify <a href="#">Click here to enter text.</a></p> <ul style="list-style-type: none"> <li>a) 100%</li> <li>b) 0</li> <li>c) 100%</li> <li>d) 100%</li> <li>e) 100%</li> </ul> <p><i>Source: required</i></p>
<p><b>A5 Comparator (next best alternative treatment) Patient Pathway</b>  (NB: comparator/next best alternative does not refer to current pathway but to an alternative option)</p>	

<p><b>A5.1 Next best comparator:</b></p> <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"> <li>• <i>Treatment or intervention</i></li> <li>• <i>Patient pathway</i></li> <li>• <i>Actual or estimated eligibility and uptake</i></li> </ul>	<p><b>No</b></p> <p>There is no "next best" surgical procedure. The alternative treatment at present is best medical management. Presently the only available alternative options to treat the pain from severe cases of chronic pancreatitis are medical. These include oral analgesics, regional and local pain blocks (Coeliac plexus/splanchnic and trigger point blocks). In a small number of cases where there is gross dilatation of the pancreatic duct or an inflammatory mass involving the head of the gland, drainage procedures are performed. These patients however are not the cohort who are candidates for total pancreatectomy and islet autotransplantation (TPIAT). TPIAT is indicated for patients with small duct disease or previously failed resectional/drainage procedures</p> <p><i>Source: PWG and SUS data</i></p>
<p><b>A5.2</b> What percentage of the total eligible population is estimated to:</p> <ul style="list-style-type: none"> <li>a) Be clinically assessed for treatment</li> <li>b) Be considered to meet an exclusion criteria following assessment</li> <li>c) Choose to initiate treatment</li> <li>d) Comply with treatment</li> <li>e) Complete treatment?</li> </ul>	<p>Total estimated eligible</p> <ul style="list-style-type: none"> <li>a) 100%</li> <li>b) 0%</li> <li>c) 100%</li> <li>d) 100%</li> <li>e) 100%</li> </ul> <p><i>Source: required</i></p>
<p><b>A6 New Patient Pathway</b></p>	
<p><b>A6.1</b> What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> <li>a) Be clinically assessed for treatment</li> <li>b) Be considered to meet an exclusion criteria following assessment</li> </ul>	<p>If not known, please specify <a href="#">Click here to enter text.</a></p> <ul style="list-style-type: none"> <li>a) 100%</li> <li>b) 0%</li> </ul>

c) Choose to initiate treatment d) Comply with treatment e) Complete treatment?	c) 100% d) 100% e) 100% <i>Source: required</i>																		
A6.2 Specify the nature and duration of the proposed new treatment or intervention.	<b><u>Time limited</u></b> For time limited treatments, specify frequency and/or duration. TPIAT is a one off surgical intervention but with appropriate follow up by the surgical centre until discharge. <i>Source: required</i>																		
<b>A7 Treatment Setting</b>																			
A7.1 How is this treatment delivered to the patient?	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1086 758 1713 1289"> <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 checked="" 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 checked="" 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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Community setting	<input type="checkbox"/>																		
Homecare	<input type="checkbox"/>																		
Other	<input type="checkbox"/>																		

	Click here to enter text.																	
A7.2 What is the current number of contracted providers for the eligible population by region?	<table border="1"> <tr> <td>NORTH</td> <td>0</td> </tr> <tr> <td>MIDLANDS &amp; EAST</td> <td>0</td> </tr> <tr> <td>LONDON</td> <td>0</td> </tr> <tr> <td>SOUTH</td> <td>0</td> </tr> </table>	NORTH	0	MIDLANDS & EAST	0	LONDON	0	SOUTH	0									
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SOUTH	0																	
A7.3 Does the proposition require a change of delivery setting or capacity requirements?	<p><b>Yes</b> Please specify: TPIAT is not currently commissioned <i>Source: required</i></p>																	
<b>A8 Coding</b>																		
A8.1 Specify the datasets used to record the new patient pathway activity.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Aggregate Contract Monitoring *</td> <td><input checked="" 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 checked="" 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> </table>		Aggregate Contract Monitoring *	<input checked="" 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 checked="" type="checkbox"/>	Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>	National Return**	<input type="checkbox"/>
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Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>																	
National Return**	<input type="checkbox"/>																	
*expected to be populated for all commissioned activity																		

	<table border="1"> <tr> <td>Clinical Database**</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other**</td> <td><input type="checkbox"/></td> </tr> </table>	Clinical Database**	<input type="checkbox"/>	Other**	<input type="checkbox"/>	<p>**If National Return, Clinical database or other selected, please specify: No, this would have been a highly specialised service provided in a small number of centres commissioned nationally.</p>										
Clinical Database**	<input type="checkbox"/>															
Other**	<input type="checkbox"/>															
<p>A8.2 Specify how the activity related to the new patient pathway will be identified.</p>	<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 checked="" 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 checked="" 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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Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>															
<p><b>A8.3 Identification Rules for Drugs:</b> How are drug costs captured?</p>	<p><b><u>Not applicable</u></b> If the drug has already been specified in the current NHS England Drug List please specify drug name and drug indication: <a href="#">Click here to enter text.</a> If the drug has NOT already been specified in the current NHS England Drug List please give details of action required and confirm that this has been discussed with the pharmacy lead: <a href="#">Click here to enter text.</a></p>															
<p><b>A8.4 Identification Rules for Devices:</b></p>	<p><b><u>Not applicable</u></b></p>															

<p>How are device costs captured?</p>	<p>If the device is covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance).</p> <p><a href="#">Click here to enter text.</a></p> <p>If the device is not excluded from Tariff <b>nor</b> covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team.</p> <p><a href="#">Click here to enter text.</a></p>
<p><b>A8.5 Identification Rules for Activity:</b> How are activity costs captured?</p>	<p><b><u>Not captured by an existing specialised service line</u></b></p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p> <p><a href="#">Click here to enter text.</a></p> <p>If activity costs are already captured please specify whether this service needs a separate code. <b><u>Yes</u></b></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>Not agreed</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. <b><u>No</u></b></p>
<p><b>A9 Monitoring</b></p>	
<p><b>A9.1 Contracts</b> Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.</p>	<p><b><u>Yes - other</u></b> Please specify Need to agree a new HSS service line code</p>

<p><b>A9.2 Excluded Drugs and Devices (not covered by the Zero Cost Model)</b></p> <p>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>	<p>Select all that apply:</p> <table border="1" data-bbox="1086 151 1601 327"> <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: <a href="#">Click here to enter text.</a></p>	Drugs or Device MDS	<input type="checkbox"/>	Blueteq	<input type="checkbox"/>	Other prior approval	<input type="checkbox"/>
Drugs or Device MDS	<input type="checkbox"/>						
Blueteq	<input type="checkbox"/>						
Other prior approval	<input type="checkbox"/>						
<p><b>A9.3 Business intelligence</b></p> <p>Is there potential for duplicate reporting?</p>	<p><b><u>Yes</u></b></p> <p>If yes, please specify mitigation: Need to audit as with other HSS</p>						
<p><b>A9.4 Contract monitoring</b></p> <p>Is this part of routine contract monitoring?</p>	<p><b><u>No</u></b></p> <p>If yes, please specify contract monitoring requirement: Need to agree contract monitoring reporting</p>						
<p><b>A9.5 Dashboard reporting</b></p> <p>Specify whether a dashboard exists for the proposed intervention?</p>	<p><b><u>No</u></b></p> <p>If yes, specify how routine performance monitoring data will be used for dashboard reporting. <a href="#">Click here to enter text.</a></p> <p>If no, will one be developed? No</p>						
<p><b>A9.6 NICE reporting</b></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><b><u>No</u></b></p> <p>If yes, specify how performance monitoring data will be used for this purpose. <a href="#">Click here to enter text.</a></p>						
<p><b>Section B - Service Impact</b></p>							

## B1 Service Organisation

B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)

Not currently provided in England  
*Source: required*

B1.2 Will the proposition change the way the commissioned service is organised?

**No**  
Please specify:  
[Click here to enter text.](#)  
*Source: required*

B1.3 Will the proposition require a new approach to the organisation of care?

**Implement a new model of care**  
Please specify:  
[Click here to enter text.](#)

## B2 Geography & Access

B2.1 Where do current referrals come from?

*Select all that apply:*

GP	<input type="checkbox"/>
Secondary care	<input checked="" type="checkbox"/>
Tertiary care	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:  
[Click here to enter text.](#)

<p>B2.2 What impact will the new policy have on the sources of referral?</p>	<p><b><u>Increase</u></b>  Please specify:  A small number of centres would need to be agreed to provide the service so a provider selection process would be needed.</p>
<p>B2.3 Is the new policy likely to improve equity of access?</p>	<p><b><u>No impact</u></b>  Please specify:  Click here to enter text.  Source: <i>Equalities Impact Assessment</i></p>
<p>B2.4 Is the new policy likely to improve equality of access and/or outcomes?</p>	<p><b><u>No impact</u></b>  Please specify:  Click here to enter text.  Source: <i>Equalities Impact Assessment</i></p>
<p><b>B3 Implementation</b></p>	
<p>B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?</p>	<p><b><u>Provider selection action</u></b>  Please specify:  The number of centres is expected to be no more than 4.</p>
<p><b>B3.2 Time to implementation:</b>  Is a lead-in time required prior to implementation?</p>	<p><b><u>Yes - go to B3.3</u></b>  If yes, specify the likely time to implementation: <a href="#">Enter text</a></p>
<p><b>B3.3 Time to implementation:</b>  If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p><b><u>Yes</u></b>  If yes, outline the plan:  An implementation plan would need to be developed but post procurement</p>

	it is expected a 3 month lead in period would be required
B3.4 Is a change in provider physical infrastructure required?	<b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a>
B3.5 Is a change in provider staffing required?	<b><u>Yes</u></b> Please specify: There would need to be some adjustment to staffing, impact per centre would not be significant
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a>
B3.7 Are there changes in the support services that need to be in place?	<b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a>
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a>

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

**Increase**

*Please complete table:*

Region	Current no. of providers	Future State expected range	Provisional or confirmed
North	0	1	<u>P</u>
Midlands & East	0	1	<u>P</u>
London	0	1	<u>P</u>
South	0	1	<u>P</u>
Total	0	4	<u>P</u>

Please specify:

[Click here to enter text.](#)

B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.

*Select all that apply:*

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 checked="" 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 type="checkbox"/>

	Please specify: Click here to enter text.
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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)	<b>No</b> Please specify: Click here to enter text.
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**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	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td rowspan="3"><b>Drugs</b></td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff - other</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="4"><b>Devices</b></td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – other</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Via Zero Cost Model</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2"><b>Activity</b></td> <td>Paid entirely by National Tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Paid entirely by Local Tariffs</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<b>Drugs</b>	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"/>	<b>Devices</b>	Not separately charged – part of local or national tariffs	<input 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"/>	<b>Activity</b>	Paid entirely by National Tariffs	<input type="checkbox"/>	Paid entirely by Local Tariffs	<input checked="" type="checkbox"/>
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<p><b>C1.2 Drug Costs</b> Where not included in national or local tariffs, list each drug or combination, dosage, quantity, <b>list</b> 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 are subject to commercial confidentiality and must not be disclosed.</p>	Not applicable															
<p><b>C1.3 Device Costs</b> Where not included in national or local tariff, list each element of the excluded device, quantity, <b>list or expected</b> 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.</p>	Not applicable															
<p><b>C1.4 Activity Costs covered by National Tariffs</b> List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	Not applicable															
<p><b>C1.5 Activity Costs covered by Local Tariff</b> 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</p>	<p>Total - J551: Total pancreatectomy and excision of surrounding tissue J552: Total pancreatectomy NEC J553: Excision of transplanted pancreas</p>															

<p>if newly proposed how is has been derived, validated and tested.</p>	<p>J558: Other specified total excision of pancreas  J559: Unspecified total excision of pancreas</p> <p>Partial -  J561: Pancreaticoduodenectomy and excision of surrounding tissue  J562: Pancreaticoduodenectomy and resection of antrum of stomach  J563: Pancreaticoduodenectomy NEC  J564: Subtotal excision of head of pancreas with preservation of duodenum and drainage HFQ  J568: Other specified excision of head of pancreas  J569: Unspecified excision of head of pancreas</p> <p>IATs -  J544: Transplantation of islet of Langerhans</p> <p>A return from all providers who carried out activity was sought along with an estimate of the costs of provision this was then centrally amalgamated and a mean value calculated and used as a proxy for the tariff.</p>
<p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b>  Include descriptions and estimates of all key costs.</p>	<p>Not Applicable</p>
<p>C1.7 Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p><b>No</b>  Please specify: <a href="#">Click here to enter text.</a></p>
<p><b>C2 Average Cost per Patient</b></p>	

C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?	YR1	£57,233
	YR2	£34,435
	YR3	£30,704
	YR4	£25,412
	YR5	£21,862
	Are there any changes expected in year 6-10 which would impact the model?	If yes, please specify: No
<b>C3 Overall Cost Impact of this Policy to NHS England</b>		
C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<b>Cost saving</b> Please specify: The change in treatment will produce a reduction in cost per patient and provide a saving to the wider NHS economy.	
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	
<b>C4 Overall cost impact of this policy to the NHS as a whole</b>		
C4.1 Specify the budget impact of the proposal on other parts of the	Budget impact for CCGs:	

NHS.	<p><b><u>No impact on CCGs</u></b>  Budget impact for providers:  <b><u>Cost neutral</u></b>  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><b><u>Cost saving</u></b>  Please specify:  The change in treatment will produce a reduction in cost per patient and provide a saving to the wider NHS economy</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?	<p><b><u>No</u></b>  Please specify:  Click here to enter text.</p>
<b>C5 Funding</b>	
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.	Not applicable
<b>C6 Financial Risks Associated with Implementing this Policy</b>	

C6.1 What are the material financial risks to implementing this policy?	Patient range is maximum of 40 per year										
C6.2 How can these risks be mitigated?	Amending of the calculation cells will measure the impact										
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	Flexibility of patient numbers										
C6.4 What scenario has been approved and why?	40 patients per annum as new patients as this was agreed by PWG to be the most likely scenario										
<b>C7 Value for Money</b>											
C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence review?	Choose an item. Please specify: <a href="#">Click here to enter text.</a>										
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1086 991 2132 1385"> <tr> <td data-bbox="1086 991 2056 1082">Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment</td> <td data-bbox="2056 991 2132 1082"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1082 2056 1173">Available pricing data suggests the treatment is lower cost compared to current/comparator treatment</td> <td data-bbox="2056 1082 2132 1173"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1173 2056 1264">Available clinical practice data suggests the new treatment has the potential to improve value for money</td> <td data-bbox="2056 1173 2132 1264"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1264 2056 1321">Other data has been identified</td> <td data-bbox="2056 1264 2132 1321"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1321 2056 1385">No data has been identified</td> <td data-bbox="2056 1321 2132 1385"><input type="checkbox"/></td> </tr> </table>	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 checked="" type="checkbox"/>	Available clinical practice data suggests the new treatment has the potential to improve value for money	<input checked="" type="checkbox"/>	Other data has been identified	<input type="checkbox"/>	No data has been identified	<input type="checkbox"/>
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	The data supports a high level of certainty about the impact on value <input checked="" type="checkbox"/>	
	The data does not support a high level of certainty about the impact on value <input type="checkbox"/>	
Please specify: <a href="#">Click here to enter text.</a>		
<b>C8 Cost Profile</b>		
C8.1 Are there non-recurrent capital or revenue costs associated with this policy?	<b><u>No</u></b> If yes, specify type and range: <a href="#">Click here to enter text.</a>	
C8.2 If yes, confirm the source of funds to meet these costs.	<a href="#">Click here to enter text.</a>	