Integrated Impact Assessment Report for Service Specifications

Reference Number	A14S01 Revision (A14/S/a)		
Service Specification Title	Complex Home Ventilation Services		
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Section K - Activity Impact			
Theme	**Questions**		**Comments** (Include source of information and details of assumptions made and any issues with the data)
K1 Current Patient Population & Demography / Growth	K 1.1 What is the prevalence of the disease/condition? K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned		K1.1 Approximately 20 people per 100,000 population may be receiving complex home ventilation (Lloyd-Owen ERJ. 2005;25:1025-31.) K1.2 Approximately 30-40% of above will fit complex definition above

	care arrangements?	
	K1.3 What age group is the treatment indicated for?	K1.3 Adults only (including an increasing number of children transitioning into adult services) transition)
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Two main groups - adults with neuromuscular conditions and adults with complex ventilation needs
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	K1.5 All eligible patients
	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 No anticipated increase
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	K1.7 Growth accounted for by improved access to effective treatment and better outcomes rather than increase in prevalence – anticipated growth in activity up to 10% after 5 years eg NICE MND Guideline CG 105 and NG 42 recommends early respiratory assessment for all patients with MND
	K1.8 How is the population currently distributed	K1.8 Evenly distributed across England

	geographically?	
K2 Future Patient Population & Demography	K2.1 Does the new policy: 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 No change to -routine commissioning position – update to existing 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)	K2.2 Increased survival with improved care
	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 Not anticipated
	K2.4 What is the resulting expected net increase or decrease in the number of patients who will access the treatment per year in year 2, 5 and 10?	K2.4 No significant change, although designated centres may see small increase from non specialised centres. Some patients may progress from weaning centres into CHV services potentially up to 40% with e.g. tracheostomy
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	K3.1 Difficult to define as no clear coding mechanism to define existing patient population
	K3.2 What will be the new activity should the new /	K3.2 Increased activity will originate

	revised policy be implemented in the target population? Please provide details in accompanying excel sheet	from • Improved recognition of neuromuscular diseases • Children transitioning into adult services through improved survival • Step down from weaning services
	K3.3 What will be the comparative activity for the 'Next Best Alternative' or 'Do Nothing' comparator if policy is not adopted? Please details in accompanying excel sheet	K3.3 Remain in critical unit or death
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 Patient pathway unchanged
	K4.2. What are the current treatment access criteria?	K4.2 Unchanged
	K4.3What are the current treatment stopping points?	K4.3 Unchanged
K5 Comparator (next best alternative treatment) Patient Pathway	K5.1 If there is a 'next best' alternative routinely commissioned treatment what is the current patient pathway? Describe or include a figure to outline associated activity.	K5.1 No comparator available

	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.	K5.2 Depending on underlying illness patients may die along the pathway. These are not drug related deaths.
K6 New Patient Pathway	K6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new policy K6.2 Where there are different stopping points on the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	K6.1 As above in K5.1 K6.2 As above in K5.2
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 Predominantly home based activity but will include inpatient stays for initiation and reviews of treatment as well as outpatient reviews K7.2 No change anticipated

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 SUS data will not identify this patient population. Need to consider development of a national registry of CHV patients. K8.2 Current outpatient activity is identified in HRG 37a which includes CPAP. A specific CPAP code would allow this work to be differentiated. A specific code for physiotherapy interventions needs developing. For individuals who are unable to attend hospital a code for the outreach service needs to be authored to capture the activity related to this aspect of the service. Consideration should be given for development of a specific treatment function code (TFC) e.g. 343
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/	K9.1 Discussion will be necessary pending availability of above points in K9.2 Not applicable K9.3 Need development of coding methodology and national registry to be

	reporting is required?	able to monitor effectively -
	K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	K9.4 Need development of coding methodology and national registry to be able to monitor effectively
	K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	K9.5 Yes – Specialised Respiratory dashboard will be incorporated into routine performance monitoring – work underway to clarify which providers should be submitting
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	K9.6 NICE Motor Neurone Disease NG 42
	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 No
Section L - Service Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
L1 Service Organisation	L1.1 How is this service currently organised (i.e. tertiary centres, networked provision)	L1.1 Tertiary services with well recognised informal networks
	L1.2 How will the proposed service specification	L1.2 Services will more clearly defined.

	change the way the commissioned service is organised?	
L2 Geography & Access	L2.1 Where do current referrals come from?	L2.1 Primary and (mainly) secondary care
	L2.2 Will the new policy change / restrict / expand the sources of referral?	L2.2 No change
	L2.3 Is the new policy likely to improve equity of access?	L2.3 Yes this is the purpose of the revisions in the specification due to explicit description of service requirements
	L2.4 Is the new policy likely to improve equality of access / outcomes?	L2.4 Yes the purpose of the revisions in the specification
L3 Implementation	L3.1 Is there a lead in time required prior to implementation and if so when could implementation be achieved if the policy is agreed?	L3.1 No
	L3.2 Is there a change in provider physical infrastructure required?	L3.2 No
	L3.3 Is there a change in provider staffing required?	L3.3 No
	L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	L3.4 No
	L3.5 Are there changes in the support services that	L3.5 No

	need to be in place?	
	L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	L3.6 Not required
	L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	L3.7 No change
	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 N/A
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 plans but recommended in specification to have close relationships with other ventilation services
Section M - Finance Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
M1 Tariff	M1.1 Is this treatment paid under a national prices*, and if so which?	M1.1 No
	M1.2 Is this treatment excluded from national prices?	M1.2 Yes

	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?	M1.3 Yes – a variety of local pricing arrangements in place, e.g. blocks, local unit prices
	M1.4 If a new price has been proposed how has this been derived / tested? How will we ensure that associated activity is not additionally / double charged through existing routes	M1.4 N/A
	M1.5 is VAT payable (Y/N) and if so has it been included in the costings?	M1.5 N/A
	M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	M1.6 No because it may lead to patient harm
M2 Average Cost per Patient	M2.1 What is the revenue cost per patient in year 1?	M2.1 Difficult to answer as there is a variety of local pricing arrangements in place and with coding constraints difficult to identify patient cohort.
	M2.2 What is the revenue cost per patient in future years (including follow up)?	M2.2 As above
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?	M3.1 Likely to be marginal or neutral – maybe some movement of patients into and out of specialised CHV services
	M3.2 Where this has not been identified, set out the reasons why this cannot be measured?	M3.2 Difficult to quantify but likely to be very small numbers

M4 Overall cost impact of this policy to the NHS as a whole	M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs) M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole? M4.3 Where this has not been identified, set out the reasons why this cannot be measured? M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	M4.1 as above M4.2 Neutral as no new patients although potential increase in survival may lengthen time needed for NHS support however reducing the need for complex ventilation and reduced complications requiring inpatient care should reduce long term costs M4.3 N/A M4.4 Potential increased in survival may increase need for social care funding
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	M5.1 Not applicable
M6 Financial Risks Associated with Implementing this Policy	M6.1 What are the material financial risks to implementing this policy?	M6.1 Whilst no material financial risks across NHS as a whole arising from this service specification, there may be a potential impact where complex home

		ventilation is not distinctly identified and disaggregated from non-complex service where all currently charged to CCGs. Improved coding and patient identification may result in shift of costs between commissioners and therefore may require baseline adjustments to re-align funding.
	M6.2 Can these be mitigated, if so how?	M6.2 See above re baseline adjustments
	M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios	M6.3 not applicable
M7 Value for Money	M7.1 What evidence is available that the treatment is cost effective?	M7.1 Cost-effectiveness via a reduction in acute admissions has been shown for selected patients with COPD J Tuggey, P Plant, and M Elliott Non-invasive ventilation for recurrent acidotic exacerbations of COPD: an economic analysis. Thorax. 2003 Oct; 58(10): 867–871.
	M7.2 What issues or risks are associated with this assessment?	M7.2 Relatively limited data

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 No new costs M8.2 N/A