Integrated Impact Assessment Report for Clinical Commissioning Specifications

Policy Reference Number	A14/S/c		
Policy Title	Interstitial Lung Disease		
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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 care arrangements?		K1.1 28k in UK 19K England 3500 new cases per year (NICE) K1.2 45% of population 8.5 k eligible for NHS E treatments

	K1.3 What age group is the treatment indicated for?	K1.3 Adults
	K1.4 Describe the age distribution of the patient population taking up treatment?	K1.4 Average age around 68
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	K 1.5As above figures
	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 Latest figures suggest stable population
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	K1.7 None
	K1.8 How is the population currently distributed geographically?	K1.8 Generally spread acrss England (slighty more in north)
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
	K2.3 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival)	K2.2 None anticipated

	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 K2.4 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?	K2.3 No K2.4 No change
K3 Activity	K3.1 What is the current annual activity for the target population covered under the new policy? Please provide details in accompanying excel sheet K3.2 What will be the new activity should the new / revised policy be implemented in the target population? Please provide details in accompanying excel sheet K3.3 What will be the comparative activity for the 'Next Best Alternative' or 'Do Nothing' comparator if policy is not adopted? Please details in accompanying excel sheet	K3.1 No change anticipated K3.2 Unchanged K3.3 Not applicable
K4 Existing Patient Pathway	K4.1 If there is a relevant currently routinely commissioned treatment, what is the current patient pathway? Describe or include a figure to outline associated activity. K5. What are the current treatment access criteria?	K4.1 Not applicable to whole service

	K6 What are the current treatment stopping points?	K6 As per NICE – unchanged from >10% change in Forced Vital Capacity
K5 Comparator (next best alternative treatment) Patient Pathway	K5.1 If there is a 'next best' alternative routinely commissioned treatment what is the current patient pathway? Describe or include a figure to outline associated activity. K5.2 Where there are different stopping points on the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	K5.1 Not applicable
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 No new patient pathway proposed in revised service specification

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 Acute Trust: Daycase/Outpatient Homecare delivery: as per NICE agreement 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 No new patient pathway K8.2 N/A
K9 Monitoring	K9.1 Do any new or revised requirements need to be included in the NHS Standard Contract Information Schedule? If so, these must be communicated to CTownley@nhs.net, ideally by end of October to inform following year's contract K9.2 If this treatment is a drug, what pharmacy monitoring is required? K9.3 What analytical information /monitoring/ reporting is required?	K 9.1 No K9.2 N/A K9.3 Continuation of current contract monitoring

	K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	K9.4 Routine
	K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	K9.5 Dashboard unchanged
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	K9.6 Unchanged NICE QS 79
	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 In place for Pirfenidone
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 centres
	L1.2 How will the proposed policy change the way the commissioned service is organised?	L1.2 No proposed change
L2 Geography & Access	L2.1 Where do current referrals come from?	L2.1 Secondary care
	L2.2 Will the new policy change / restrict / expand	L2.2 No change

	the sources of referral? L2.3 Is the new policy likely to improve equity of access? L2.4 Is the new policy likely to improve equality of access / outcomes?	 L2.3 No change L2.4 No change anticipated
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? L3.2 Is there a change in provider physical infrastructure required? L3.3 Is there a change in provider staffing required? L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place? L3.5 Are there changes in the support services that need to be in place? L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor) L3.7 Is there likely to be either an increase or decrease in the number of commissioned	L3.1 Not applicable

	providers? L3.8 How will the revised provision be secured by NHS England as the responsible commissioner (e.g. publication and notification of new policy, competitive selection process to secure revised provider configuration)	
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 No
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? M1.2 Is this treatment excluded from national prices? M1.3 Is this covered under a local pricearrangements (if so state range), and if so are you confident that the costs are not also attributable to other clinical services? M1.4 If a new price has been proposed how has this been derived / tested? How will we ensure that associated activity is not additionally / double	M1 National prices

	charged through existing routes M1.5 is VAT payable (Y/N) and if so has it been included in the costings? M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	
M2 Average Cost per Patient	M2.1 What is the revenue cost per patient in year 1? M2.2 What is the revenue cost per patient in future years (including follow up)?	? M2.2 No change from above cost
M3 Overall Cost Impact of this Policy to NHS England	M3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England? M3.2 Where this has not been identified, set out the reasons why this cannot be measured?	M3.1 Neutral
M4 Overall cost impact of this policy to theNHS as a whole	M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs) M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole? M4.3 Where this has not been identified, set out the reasons why this cannot be measured?	M4.1 Neutral

	M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	M5.1 No cost pressure identifiede.g. decommissioning less clinically or cost-effective services
M6 Financial Risks Associated with Implementing this Policy	M6.1 What are the material financial risks to implementing this policy? M6.2 Can these be mitigated, if so how? M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios	M6.1None identified M6.3 Not tested as no significant proposed change
M7 Value for Money	M7.1 What evidence is available that the treatment is cost effective? M7.2 What issues or risks are associated with this assessment?	*M7.1 No new treatment proposed* *M7.2 Unchanged*
M8 Cost Profile	M8.1 Are there non-recurrent capital or revenue costs associated with this policy? M8.2 If so, confirm the source of funds to meet these costs.	*M8.1 None*