Integrated Impact Assessment Report for Clinical Commissioning Policies	
Policy Reference Number	1901
Policy Title	External beam radiotherapy for patients presenting with hormone sensitive, low volume metastatic prostate cancer at the time of diagnosis (All ages)
Proposal	**For routine commissioning** (ref A3.1)

Integrated Impact Assessment – Index		
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A1 Activity	B1 Service Organisation	C1 Tariff
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A3 Comparator (next best alternative treatment) Patient Pathway	B3 Collaborative Commissioning	C3 Overall Cost Impact of this Policy to NHS England
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A5 Treatment Setting		C5 Funding
A6 Coding		C6 Financial Risks Associated with Implementing this Policy
		C7 Cost Profile

About this Impact Assessment: instructions for completion and explanatory notes
• Each section is divided into themes with each theme setting out a number of questions. • All figures should be provided up to 5 years only. • The cost per patient methodology is impact against Year 0 rather than incrementally against the previous year. • 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.
- A bespoke financial model should be developed unless agreed otherwise. This will be worked up against a checklist of inputs/considerations. This will include the approach to regional allocations which will also be outlined in the Commissioning Plan.

Section A - Activity Impact	
A1 Activity *To be completed by the Clinical Policy Team*	
A1.1 Provide the number of patients eligible for the treatment. If different, also provide the number of patients accessing treatment. Include OPCS codes where applicable.	2,300 *Source: Policy Proposition*
A2 Existing Patient Pathway (complete where additional information outside the policy proposition is likely to be beneficial) *To be completed by the Clinical Policy Team*	
A2.1 **Existing pathway:** Describe the relevant currently routinely commissioned: • Treatment or intervention • Patient pathway • Eligibility and/or uptake estimates.	Metastatic prostate cancer is usually incurable. All patients with low burden, metastatic prostate cancer are currently treated with either hormone therapy or chemotherapy to control their disease and manage symptoms. This policy proposition proposes that external beam radiotherapy (EBRT) be given in addition to these current treatments. *Source: Policy Proposition*
A2.2 What percentage of the total eligible population is expected to: 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	a) 100% b) 100% c) 100% d) 100% e) 100%

e) Complete treatment?	*Source: Policy Proposition*
A3 Comparator (next best alternative treatment) Patient Pathway **(NB: comparator/next best alternative does not refer to current pathway but to an alternative option)** *To be completed by the Clinical Policy Team*	
A3.1 **Next best comparator**: Is there another 'next best' alternative treatment which is a relevant comparator? *If yes, describe relevant* • *Treatment or intervention* • *Patient pathway* • *Actual or estimated eligibility and uptake*	**<u>No</u>**
A3.2 What percentage of the total eligible population is estimated to: f) Be clinically assessed for treatment g) Be considered to meet an exclusion criteria following assessment h) Choose to initiate treatment i) Comply with treatment j) Complete treatment?	Not applicable.
A4 New Patient Pathway *To be completed by the Clinical Policy Team*	
A4.1 Specify the nature and duration of the proposed new treatment or intervention. For example, e.g patients receive a course of treatment over 6 cycles with the drug being administered via IV infusion on days 1 and 3 of each cycle.	**<u>Time limited</u>**

Include OPCS codes where applicable.	Treatment with EBRT would be given either within three months of starting hormone therapy or within 6-12 weeks of completing chemotherapy treatment. Treatment would be delivered in 6 fractions. *Source: Policy Proposition*
A5 Treatment Setting *To be completed by the Clinical Policy Team*	
A5.1 How is this treatment delivered to the patient?	Outpatient setting.
A5.2 What is the current number of contracted providers for the eligible population by region?	There are currently 52 contracted providers for radiotherapy services.
A5.3 Does the proposition require a change of delivery setting or capacity requirements?	No – although this is a new treatment, the treatment is palliative and is therefore not expected to require a significant change in existing capacity requirements.
A6 Coding	
A6.1 Specify the datasets used to record the new patient pathway activity. *expected to be populated for all commissioned activity	*Select all that apply:* Aggregate Contract Monitoring * ☒ Patient level contract monitoring ☒

<table>
<tr><td></td><td>
<table>
<tr><td>Patient level drugs dataset</td><td>☐</td></tr>
<tr><td>Patient level devices dataset</td><td>☐</td></tr>
<tr><td>Devices supply chain reconciliation dataset</td><td>☐</td></tr>
<tr><td>Secondary Usage Service (SUS+)</td><td>☐</td></tr>
<tr><td>Mental Health Services DataSet (MHSDS)</td><td>☐</td></tr>
<tr><td>National Return**</td><td>☐</td></tr>
<tr><td>Clinical Database**</td><td>☒</td></tr>
<tr><td>Other**</td><td>☐</td></tr>
</table>
**Radiotherapy Dataset (RTDS)
</td></tr>
<tr><td>A6.2 Specify how the activity related to the new patient pathway will be identified.</td><td>National Tariff.</td></tr>
<tr><td>A6.3 Identification Rules for Devices:
How are device costs captured?</td><td>Not applicable.</td></tr>
<tr><td>A6.4 Identification Rules for Activity:
How are activity costs captured? (e.g., are there first and follow up outpatient appointments?)</td><td><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool</u>
NCBPS01R Radiotherapy</td></tr>
<tr><td colspan="2">Section B - Service Impact
To be completed by the Lead Commissioner</td></tr>
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B1 Service Organisation	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	Radiotherapy services are access through tertiary referral and multi-disciplinary team (MDT) discussion. *Source: Policy Proposition*
B1.2 Will the proposition change the way the commissioned service is organised?	No
B2 Geography & Access	
B2.1 How is the service currently accessed (e.g., self referral, referral from GP, secondary care, other)	Tertiary referral.
B2.2 What impact will the new policy have on the sources of referral?	**Increase** This is a new line of treatment and is not currently available for people with low burden metastatic prostate cancer.
B2.3 Is the new policy likely to improve equity[1] of access?	**Increase** This policy will enable all eligible patients to access treatment across the country.

[1] https://www.england.nhs.uk/wp-content/uploads/2016/02/nhse-specific-duties-equality-act.pdf

	Source: Equalities Impact Assessment (NB. this should be completed during Clinical Build/Impact Assessment phases)
B2.4 Is the new policy likely to improve equality[1] of access and/or outcomes?	**Increase** Development of the policy is supported by an evidence review which demonstrates that use of EBRT in this indication controls the spread of disease and results in longer progression free survival. *Source: Equalities Impact Assessment (NB. this should be completed during Clinical Build/Impact Assessment phases)*
B3 Commissioning Responsibility	
B3.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. new service (NHS England responsibility), future CCG lead, devolved commissioning arrangements, STPs)	No change - NHSE
Section C - Finance Impact *To be completed by the Finance Lead with the exception of C1.2*	
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 — ☐

		Excluded from tariff – pass through	☐
		Excluded from tariff – other	☐
	Devices	Not separately charged – part of local or national tariffs	☐
		Excluded from tariff (excluding HCTED programme) – pass through	☐
		Excluded from tariff (excluding HCTED) – other	☐
		Via HCTED model	☐
	Activity	Paid entirely by National Tariffs	☒
		Paid entirely by Local Tariffs	☐
		Partially paid by National Tariffs	☐
		Partially paid by Local Tariffs	☐
		Part/fully paid under a Block arrangement	☐
		Part/fully paid under Pass-Through arrangements	☐
		Part/fully paid under Other arrangements	☐
C1.2 **Drug Costs** *(to be completed by the Clinical Policy Team)* 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, homecare costs. Provide a basis for this assumption. NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	Not applicable.		

C1.3 **Device Costs***(to be completed by LC)* 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.
C1.4 **Activity Costs covered by National Tariffs** *(to be completed by Finance)* List key HRG codes and descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %). Include details of first and follow up outpatients appointment etc.	SC40Z Preparation for Intensity Modulated Radiation Therapy £941 x 1 SC31Z Deliver a Fraction of Adaptive Radiotherapy on a Megavoltage Machine £151 x 6
C1.5 **Activity Costs covered by Local Tariff** *(to be completed by Finance)* 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 is has been derived, validated and tested.	Not applicable.
C1.6 **Other Activity Costs not covered by National or Local Tariff** *(to be completed by Finance)* Include descriptions and estimates of all key costs.	Not applicable.
C1.7 Are there any prior approval/notification mechanisms required either during implementation or permanently?	No

<table>
<tr><th colspan="2">C2 Average Cost per Patient</th></tr>
<tr><td>C2.1 What is the average cost per patient per year for 5 years, including follow-up where required?</td><td>£2,020 per course of treatment</td></tr>
<tr><th colspan="2">C3 Overall Cost Impact of this Policy to NHS England</th></tr>
<tr><td>C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway. Use list prices where drugs and devices are included. Commercial in confidence discounts are not included therefore the actual cost pressure may be lower than stated.</td><td><u>Cost pressure</u>
<table><tr><td>Year 1</td><td>£2,625.6k</td></tr><tr><td>Year 2</td><td>£2,706.4k</td></tr><tr><td>Year 3</td><td>£2,853.8k</td></tr><tr><td>Year 4</td><td>£2,962.9k</td></tr><tr><td>Year 5</td><td>£3,051.8k</td></tr></table>The above cost pressure assumes that c1,000 patients will already have received the treatment in 2019/20.</td></tr>
<tr><td>C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.</td><td>Not applicable.</td></tr>
<tr><td>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?</td><td>Not applicable.</td></tr>
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<tr><th colspan="2">C4 Overall cost impact of this policy to the NHS as a whole</th></tr>
<tr><td>C4.1 Specify the budget impact of the proposal on other parts of the NHS.</td><td>Budget impact for CCGs:
<u>Cost neutral</u>

Budget impact for providers:
<u>Cost neutral</u></td></tr>
<tr><td>C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.</td><td><u>Cost pressure</u><table><tr><td>Year 1</td><td>£2,625.6k</td></tr><tr><td>Year 2</td><td>£2,706.4k</td></tr><tr><td>Year 3</td><td>£2,853.8k</td></tr><tr><td>Year 4</td><td>£2,962.9k</td></tr><tr><td>Year 5</td><td>£3,051.8k</td></tr></table></td></tr>
<tr><td>C4.3 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?</td><td>No</td></tr>
<tr><th colspan="2">C5 Funding</th></tr>
<tr><td>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.</td><td>CPAG Prioritisation Reserve</td></tr>
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C6 Financial Risks Associated with Implementing this Policy	
C6.1 Describe the parameters used to generate the low, mid and high case scenarios for patient numbers and activity. Specify the range.	It has been assumed that patients will be treated with 6 fractions in line with the policy proposition.
C6.2 What scenario has been recommended and why? What would be the impact of a discounted scenario?	See C6.1. above.
C7 Cost Profile	
C7.1 Factors which impact on costs	No

The full integrated impact assessment should be used for all clinical commissioning policies and for policy statements which are proposing a for routine commissioning position. The rapid impact assessment template should be used for urgent policy statements and for policy statements which are proposing not for routine commissioning

Appendix A – Current Patient Population & Demography / Growth (for Public Health Lead to complete)

		Source	*Please specify any further detail*
Number of patients who meet the proposed commissioning criteria and who would be treated if the proposal is approved per year.	2,300	Policy Proposition	

Age group for which the treatment is proposed according to the proposed criteria	All ages.		
Age distribution of the patient population eligible according to the proposed criteria	Prostate cancer incidence is strongly related to age, with the highest incidence rates being in older men. In the UK in 2014-2016, on average each year more than a third (35%) of new cases were in males aged 75 and over.	Cancer Research UK	
How is the population currently geographically distributed	Evenly	Policy proposition	
What are the growth assumptions for the disease / condition?	ONS Growth Only	Policy proposition	
Is there evidence of current inequalities in access to service or outcomes?	See Sections B2.3 and B2.4.	Policy proposition.	
Is there evidence that implementing the policy/service specification will improve current inequities of access or outcomes?	See Sections B2.3 and B2.4.	Policy proposition.	