

## Integrated Impact Assessment Report for Service Specifications

<b>Service Specification Reference Number</b>	URN1707		
<b>Service Specification Title</b>	Adult Critical Care – Extra Corporeal Membrane Oxygenation (ECMO) for Respiratory Failure in adults Proposal <b><u>for routine commission</u></b> (source A3.1)		
<b>Lead Commissioner</b>	Nicola Symes	<b>Clinical Lead</b>	Dr. Nicholas Barrett
<b>Finance Lead</b>	Keith Moulds	<b>Analytical Lead</b>	Jacqueline Low

### 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 service specification 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>Advanced support for respiratory failure was required in 66816 patients accounting for 39.5% of admissions to ITU in the UK (ICNARC 2016-17). Of these patients only 2-300 require admission for ECMO (0.3-0.4%) of ventilated adult ICU patients.</p> <p><i>Source: Service Specification Proposition section 3.1</i></p>
A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.	<p>200-300 annually</p> <p><i>Source: Previous Annual Activity data</i></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	<p><b><u>Adults</u></b></p> <p>Please specify</p> <p>Note: By exception, and following collaboration and agreement with a designated paediatric respiratory ECMO centre, it may be clinically appropriate to provide treatment to a younger patient, where it is agreed that their clinical condition or presenting co-morbidities may be more suited to management within an adult service.</p>
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria	<p>16 years and over if relevant</p> <p><i>Source: Previous Annual Activity data</i></p> <p>Please specify</p> <p>There will on occasion be clinically appropriate to manage younger patients within the adult service (see 1.3)</p>

A1.5 How is the population currently distributed geographically?	<p><b><u>Unevenly</u></b></p> <p>If unevenly, estimate regional distribution by %:</p> <table border="1" data-bbox="1088 196 1599 411"> <tr> <td>North</td><td>21%</td></tr> <tr> <td>Midlands &amp; East</td><td>31%</td></tr> <tr> <td>London</td><td>16%</td></tr> <tr> <td>South</td><td>31%</td></tr> </table> <p><i>Source: Activity analysis for geographical mapping completed 2016</i></p> <p><a href="#">Click here to enter text.</a></p>	North	21%	Midlands & East	31%	London	16%	South	31%
North	21%								
Midlands & East	31%								
London	16%								
South	31%								
<b>A2 Future Patient Population &amp; Demography</b>									
A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new service specification) in 2, 5, and 10 years?	<p><b><u>Constant</u></b></p> <p>If other, anticipated to be constant - subject to significant variation resulting from any incident, event or outbreak of disease that may result in the need for treatment by a specialist adult respiratory ECMO Centre. There is an expected seasonal variation with predominance of admissions occurring in the winter months.</p> <p><i>Source: Service specification proposition section 3.1</i></p>								
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	<p><b><u>No</u></b></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p> <p><i>Source: Service specification proposition section 6/other</i></p>								
A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed	<p><i>Table below illustrates ONS population changes.</i></p> <p><b>Note:</b> The net increase or decrease in number of eligible adults receiving</p>								

service specification commissioning criteria, per year in years 2-5 and 10?

ECMO for severe respiratory failure will be influenced by the prevalence of respiratory illness in the community (e.g. influenza), and therefore number of patients receiving ECMO for respiratory failure will be subject to both seasonal and annual variation.

YR2 +/-	+10
YR3 +/-	+5
YR4 +/-	+6
YR5 +/-	+6
YR10 +/-	+30

Source: Service specification proposition section 3.1

### A3 Activity

### A3.1 What is the purpose of new service specification?

\*PSSAG (Prescribed Specialised Services Advisory Group)

Click here to enter text.

200-300 patients

	Click here to enter text.
A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?	<p>200-300 patients</p> <p><i>Source Previous Annual Activity data</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
<b>A4 Patient Pathway</b>	
<p><b>A4.1 Patient pathway</b></p> <p>Describe the current patient pathway and service.</p>	<p>Extracorporeal membrane oxygenation (ECMO) is a form of life support used for patients with severe respiratory failure with a potentially reversible cause. ECMO can be used to support patients with any form of potentially reversible severe respiratory failure. Its aim is to support physiological homeostasis whilst the lung injury recovers. It requires a highly trained multidisciplinary team to manage patients.</p> <p>The adult respiratory ECMO service care pathway encompasses:</p> <ul style="list-style-type: none"> <li>• Provision of advice to referring clinicians</li> <li>• Acceptance of patients referred to the service who fulfil the eligibility criteria for entry to the service</li> <li>• Specialist retrieval, including mobile ECMO</li> <li>• Assessment (up to a maximum of 48 hours)</li> <li>• Treatment: provision of extracorporeal life support for respiratory failure</li> <li>• Post treatment support (post decannulation up to a maximum of 48 hours)</li> <li>• Provide follow-up care for patient and their families</li> <li>• End of life care</li> </ul> <p><i>Source: Service Specification</i></p>

A4.2. What are the current service access and stopping criteria?	<p>ECMO is a bridge to recovery and reversibility of the presenting condition is a key criterion for inclusion in the service. Reversibility will be based on expert clinical opinion.</p> <p><i>Source: Service Specification</i></p>
<p>A4.3 What percentage of the total eligible population are:</p> <ul style="list-style-type: none"> <li>a) Referred</li> <li>b) Meet any existing criteria for care</li> <li>c) Considered to meet any existing exclusion criteria</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) enter %</li> <li>b) 30%</li> <li>c) 70%</li> </ul> <p><i>Source: Activity returns from the service identify that of those patients referred, 30% are accepted for treatment and 70% do not meet the exiting treatment criteria.</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> <li>a) Be referred to the proposed service</li> <li>b) Be eligible for care according to the proposed criteria for the service</li> <li>c) Take up care according to the proposed criteria for the service</li> <li>d) Continue care according to the proposed criteria for the service?</li> </ul>	<p>If not known, please specify The proposed service is the same as the existing service.</p> <ul style="list-style-type: none"> <li>a) No change</li> <li>b) No change</li> <li>c) No change</li> <li>d) No change</li> </ul> <p><i>Source: required</i></p>
A4.5 Specify the nature and duration of the proposed new service or intervention.	<p><b><u>Time limited</u></b></p> <p>For time limited services, specify frequency and/or duration.</p> <p>One off admission in response to acute illness. ECMO treatment median length of stay 10 days, mean 14 days. This is unchanged from the existing service</p> <p><i>Source: required</i></p>

## A5 Service Setting

A5.1 How is this service delivered to the patient?

*Select all that apply:*

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"/>

Please specify:

[Click here to enter text.](#)

A5.2 What is the current number of contracted providers for the eligible population by region?

NORTH	1
MIDLANDS & EAST	2
LONDON	2
SOUTH	number

The 2 providers in London cover the population of the South. All providers work as part of a national network, and have designated geographical

	areas that they cover.																				
A5.3 Does the proposition require a change of delivery setting or capacity requirements?	<p><b>No</b></p> <p>Please specify:</p> <p><a href="#">Click here to enter text.</a></p> <p>Source: <i>required</i></p>																				
<b>A6 Coding</b>																					
<p>A6.1 Specify the datasets used to record the new patient pathway activity.</p> <p>*expected to be populated for all commissioned activity</p>	<p>Select all that apply:</p> <p><b>Note:</b> the patient pathway is unchanged from current service.</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 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 checked="" type="checkbox"/></td></tr> </table> <p>**If National Return, Clinical database or other selected, please specify:</p>	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 type="checkbox"/>	Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>	National Return**	<input type="checkbox"/>	Clinical Database**	<input type="checkbox"/>	Other**	<input checked="" type="checkbox"/>
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Clinical Database**	<input type="checkbox"/>																				
Other**	<input checked="" type="checkbox"/>																				

	Highly Specialised commissioning Monthly data return.														
A6.2 Specify how the activity related to the new patient pathway will be identified.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>OPCS v4.8</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>ICD10</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Service function code</td><td><input checked="" 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 checked="" type="checkbox"/>	ICD10	<input checked="" type="checkbox"/>	Service function code	<input checked="" 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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<b>A6.3 Identification Rules for Drugs:</b> How are any drug costs captured?	<p><b><u>Not applicable</u></b></p> <p>If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply:  <a href="#">Click here to enter text.</a></p> <p>If drug(s) 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>														
<b>A6.4 Identification Rules for Devices:</b> How are device costs captured?	<p><b><u>Not applicable</u></b></p> <p>If device(s) covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance) for all that apply:  <a href="#">Click here to enter text.</a></p> <p>If device(s) not excluded from Tariff <b>nor</b> covered within existing National or</p>														

	<p>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>A6.5 Identification Rules for Activity:</b></p> <p>How are activity costs captured?</p>	<p><b><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></b></p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p> <p><b>NCBPS29M respiratory</b></p> <p>If activity costs are already captured please specify whether this service needs a separate code. <b>No</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><a href="#">Click here to enter text.</a></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. <a href="#">Choose an item.</a></p>
<p><b>A7 Monitoring</b></p>	
<p><b>A7.1 Contracts</b></p> <p>Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.</p> <p>Please identify any excluded drugs or devices relevant to the service and their current status with regard to NHS England specialised services commissioning.</p>	<p><b><u>None</u></b></p> <p>Please specify</p> <p>No new data requirements</p>

<b>A7.2 Business intelligence</b> Is there potential for duplicate reporting?	<b><u>No</u></b> If yes, please specify mitigation: Click here to enter text.
<b>A7.3 Contract monitoring</b> Is this part of routine contract monitoring?	<b><u>Yes</u></b> If no, please specify contract monitoring requirement: Click here to enter text.
<b>A7.4 Dashboard reporting</b> Specify whether a dashboard exists for the proposed service?	<b><u>No</u></b> If yes, specify how routine performance monitoring data will be used for dashboard reporting. Click here to enter text. If no, will one be developed? Yes, the new indicators within the revised specification will be used to produce a dashboard.
<b>A7.5 NICE reporting</b> Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?	<b><u>No</u></b> If yes, specify how performance monitoring data will be used for this purpose. Click here to enter text.
<b>Section B - Service Impact</b>	
<b>B1 Service Organisation</b>	
<b>B1.1</b> Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	The service is currently delivered through a network of 5 highly specialised providers. Each provider has a designated geographical within which they operate, but they also work together at time of clinical surge to provide treatment across the national population.

	<i>Source: required</i>								
B1.2 Will the specification change the way the commissioned service is organised?	<p><b><u>No</u></b></p> <p>Please specify:</p> <p><a href="#">Click here to enter text.</a></p> <p><i>Source: required</i></p>								
B1.3 Will the specification require a new approach to the organisation of care?	<p><b><u>No change to delivery of care</u></b></p> <p>Please specify:</p> <p><a href="#">Click here to enter text.</a></p>								
<b>B2 Geography &amp; Access</b>									
B2.1 Where do current referrals come from?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>GP</td><td><input type="checkbox"/></td></tr> <tr> <td>Secondary care</td><td><input checked="" 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:</p> <p><a href="#">Click here to enter text.</a></p>	GP	<input type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>	Tertiary care	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
GP	<input type="checkbox"/>								
Secondary care	<input checked="" type="checkbox"/>								
Tertiary care	<input checked="" type="checkbox"/>								
Other	<input type="checkbox"/>								
B2.2 What impact will the new service specification have on the sources of referral?	<p><b><u>No impact</u></b></p> <p>Please specify:</p> <p><a href="#">Click here to enter text.</a></p>								

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

B3.5 Is a change in provider staffing required?	<p><b><u>No</u></b>  Please specify:  <a href="#">Click here to enter text.</a></p>																								
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p><b><u>No</u></b>  Please specify:  <a href="#">Click here to enter text.</a></p>																								
B3.7 Are there changes in the support services that need to be in place?	<p><b><u>No</u></b>  Please specify:  <a href="#">Click here to enter text.</a></p>																								
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<p><b><u>No</u></b>  Please specify:  <a href="#">Click here to enter text.</a></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><b><u>No change</u></b>  Please complete the table:</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>1</td> <td></td> <td><a href="#">select</a></td> </tr> <tr> <td>Midlands &amp; East</td> <td>2</td> <td></td> <td><a href="#">select</a></td> </tr> <tr> <td>London</td> <td>2</td> <td></td> <td><a href="#">select</a></td> </tr> <tr> <td>South</td> <td>0</td> <td></td> <td><a href="#">select</a></td> </tr> <tr> <td>Total</td> <td>5</td> <td></td> <td><a href="#">select</a></td> </tr> </tbody> </table>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North	1		<a href="#">select</a>	Midlands & East	2		<a href="#">select</a>	London	2		<a href="#">select</a>	South	0		<a href="#">select</a>	Total	5		<a href="#">select</a>
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	Please specify: <a href="#">Click here to enter text.</a>																
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 service specification</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 type="checkbox"/></td></tr> </table> <p>Please specify:  <a href="#">Click here to enter text.</a></p>	Publication and notification of new service specification	<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 type="checkbox"/>
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Other	<input type="checkbox"/>																
<b>B4 Place-based Commissioning</b>																	
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><b>No</b></p> <p>Please specify:  <a href="#">Click here to enter text.</a></p>																
<b>Section C - Finance Impact</b>																	

## 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:*

<b>Drugs</b>	Not separately charged – part of local or national tariffs	<input checked="" 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 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"/>
<b>Activity</b>	Paid entirely by National Tariffs	<input type="checkbox"/>
	Paid entirely by Local Tariffs	<input checked="" 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.	
<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.	Not applicable
<b>C1.4 Activity Costs covered by National Tariff</b> List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Not applicable
<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 if newly proposed how it has been derived, validated and tested.	No change
<b>C1.6 Other Activity Costs not covered by National or Local Tariff</b> Include descriptions and estimates of all key costs.	Not applicable
<b>C1.7</b> Are there any prior approval mechanisms required either during implementation or permanently?	<b>No</b> Please specify: <a href="#">Click here to enter text.</a>
<b>C2 Average Cost per Patient</b>	



<p>C4.1 Specify the budget impact of the proposal on other parts of the NHS.</p>	<p>Budget impact for CCGs:  <u><b>No impact on CCGs</b></u>          Budget impact for providers:  <u><b>Cost neutral</b></u>          Please specify:  <a href="#">Click here to enter text.</a></p>
<p>C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.</p>	<p><u><b>Cost neutral</b></u>          Please specify:  <a href="#">Click here to enter text.</a></p>
<p>C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured</p>	<p>Not applicable</p>
<p>C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?</p>	<p><u><b>No</b></u>          Please specify:  <a href="#">Click here to enter text.</a></p>
<p><b>C5 Funding</b></p>	
<p>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.</p>	<p>Not applicable</p>
<p><b>C6 Financial Risks Associated with Implementing this Service specification</b></p>	

C6.1 What are the material financial risks to implementing this service specification?	None – no material changes to the current service specification										
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 – no change to existing service										
C6.4 What scenario has been approved and why?	Not applicable										
<b>C7 Value for Money</b>											
C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?	<p><b><u>There is no published evidence of cost-effectiveness</u></b></p> <p>Please specify:</p> <p><a href="#">Click here to enter text.</a></p>										
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"> <tr> <td>Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Available pricing data suggests the service is lower cost compared to current/comparator treatment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Available clinical practice data suggests the new service specification has the potential to improve value for money</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other data has been identified</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No data has been identified</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input type="checkbox"/>	Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>	Available clinical practice data suggests the new service specification 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 checked="" type="checkbox"/>
Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input type="checkbox"/>										
Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>										
Available clinical practice data suggests the new service specification 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 checked="" 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"/>
	Please specify: <a href="#">Click here to enter text.</a>	
<b>C8 Non-Recurrent Costs</b>		
C8.1 Are there non-recurrent revenue costs associated with this service specification?	<p><b><u>No</u></b></p> <p>If yes, please specify and indicate whether these would be incurred or passed through to NHS England:</p> <p>Not applicable</p> <p>If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.</p> <p><a href="#">Choose an item.</a></p>	
C8.2 Are there any non-recurrent provider capital costs associated with the service specification?	<p><b><u>No</u></b></p> <p>If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs).</p> <p>Not applicable</p>	