

## Integrated Impact Assessment Report for Service Specifications

<b>Service Specification Reference Number</b>	1653		
<b>Service Specification Title</b>	Complex Gynaecology: Genito-Urinary Tract Fistulae (Girls and Women aged 16 and above) <b><u>for routine commission</u></b> (source A3.1)		
<b>Lead Commissioner</b>	Bernie Stocks	<b>Clinical Lead</b>	Tamsin Greenwell
<b>Finance Lead</b>	Jazz Nandra	<b>Analytical Lead</b>	Jazz Nandra

### Integrated Impact Assessment – Index

Section A – Activity	Section B - Service	Section C – Finance
A1 Current Patient Population & Demography / Growth	B1 Service Organisation	C1 Tariff
A2 Future Patient Population & Demography	B2 Geography & Access	C2 Average Cost per Patient
A3 Activity	B3 Implementation	C3 Overall Cost Impact of this service specification to NHS England
A4 Patient Pathway	B4 Collaborative Commissioning	C4 Overall cost impact of this service specification to the NHS as a whole
A5 Service Setting		C5 Funding
A6 Coding		C6 Financial Risks Associated with Implementing this service specification
A7 Monitoring		C7 Value for Money
		C8 Cost Profile

### 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.

No prevalence data available *but the Specification Working Group Clinical Lead notes based on HES data:*

Vesico-Vaginal Fistula Repair 100/year (range 84-111)

Mean age 51 years

Urethro-Vaginal Fistula Repair 14/year (range 11-17)

Mean age 43 years

*Source: Service Specification Proposition section 3.2,3.4*

A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.

200

*Source: Cromwell D, Hilton P. Retrospective cohort study on patterns of care and outcomes of surgical treatment of lower urinary tract fistula among English National Health Service Hospitals between 2000 - 2009. BJU Int. 2013; 111: 252-262*

#### **Please specify**

In the absence of prevalence data, the diagnosis is 300 per year of which 200 referrals per year are made for surgical intervention of which 160 patients are assessed per year and mean number operated/year = 120 and 40 are not fit for or decline surgery and are discharged back for local/GP management. Those not referred may have conditions such as cancer, which rule out surgery or prefer not to have intervention.

It is not clear what happens to non-operated cases (Cromwell D, Hilton P. Retrospective cohort study on patterns of care and outcomes of surgical treatment of lower urinary tract fistula among English National Health

	Service Hospitals between 2000 -2009.BJUInt. 2013; 111: 252-262 – suggests 24.2% will have a primary ileal conduit (29 women)).								
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	<b><u>Girls and Women aged 16 and above</u></b>								
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria	Age 16 and above <a href="#">Click here to enter text.</a>								
A1.5 How is the population currently distributed geographically?	<p><b><u>Evenly</u></b> If unevenly, estimate regional distribution by %:</p> <table border="1"> <tr> <td>North</td> <td>enter %</td> </tr> <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> <p><i>Source: Service specification proposition section 6</i> Please specify <a href="#">Click here to enter text.</a></p>	North	enter %	Midlands & East	enter %	London	enter %	South	enter %
North	enter %								
Midlands & East	enter %								
London	enter %								
South	enter %								
<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?	<b><u>Constant</u></b>								
A2.2 Are there likely to be changes in demography of the patient	<b><u>No</u></b>								

population and would this impact on activity/outcomes?

Please specify  
*Source: Service specification proposition section 3.2*

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?

Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.

YR2 +/-	2
YR3 +/-	3
YR4 +/-	4
YR5 +/-	5
YR10 +/-	10

Source: Hospital Episode Statistics data suggests fistula repair numbers have remained stable over the past 5 years.

**Yes**  
[Click here to enter text.](#)

**A3 Activity**

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

**Revision to an existing published service specification**  
 \*PSSAG (Prescribed Specialised Services Advisory Group)  
 The aim of the service is to provide high quality assessment, diagnostics, care planning and surgical intervention where appropriate for women with a genito-urinary tract fistula. The service will provide continuity of expert care across the care pathway and will involve other specialists identified in this specification as appropriate.  
 This will reduce the current risk to variation in patient experience and outcomes from less experienced surgeons undertaking less than one such fistula repair operation per year each (with a far higher failure rate)

	<p>and some having a higher urinary diversion rate than would be expected. Urinary diversion is more significant and life changing surgery than fistula repair and may not be required in many fistula patients. It often results in a reduced quality of life consequent to the formation of an external conduit with an adherent urinary collection device or the need to perform catheterisation of a bowel neobladder. There is a correlation in the likelihood of the more invasive abdominal fistula repair surgery being performed in low volume centres and such centres have a median of eight days length of stay. There is also a correlation between the likelihood of the less invasive vaginal repair being undertaken in centres with higher volumes due to the surgeons in these centres being more experienced in these procedures. These centres have a median four day post-operative stay.</p> <p><a href="#">Click here to enter text.</a></p>
<p>A3.2 What is the annual activity associated with the existing pathway for the eligible population?</p>	<p>200 referrals, of which 40 are declined as they are deemed unfit for or decide not to proceed with UVF or VVF surgery, and are referred back for local/GP management.</p>
<p>A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?</p>	<p><i>Source: Specification Working Group Lead Clinician</i> Please specify See A3.2 above</p>
<p><b>A4 Patient Pathway</b></p>	
<p><b>A4.1 Patient pathway</b></p>	<p>Referral to a District General Hospital gynaecology or urology department,</p>

<p>Describe the current patient pathway and service.</p>	<p>for assessment and treatment, of which some will then be referred onto a specialist centre. At the local centre patients are assessed in outpatients and will have tests in the outpatient clinic or as a day case. They will then be booked for surgery, which they will have as an inpatient. After this they will have post-operative review in outpatients, followed by re-operating in some cases, and onward referral to a specialist centre if/when the local repair has failed. Currently, there are up to 100 non-specialist gynaecology or urology centres performing this surgery, with most units undertaking less than one per year, leading to mixed results, with poorer patient outcomes in units with low activity, including unnecessary invasive urinary diversion procedures instead of the less invasive fistula repair procedures.</p> <p><i>Source: NHS England data</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>Access criteria: Under the current specialised services specification, referral from secondary care clinician or GP to any willing gynaecologist or urologist for treatment in whichever manner is felt appropriate by that clinician. Stopping criteria: Successful closure of VVF with minimal symptoms at six month follow-up, successful urinary diversion if unsuitable for primary fistula closure (then requires life-long follow-up as per all individuals with urinary diversion), patient declining or unfit for surgery.</p> <p><i>Source: Existing NHS England specification and Specification Working Group.</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 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 <a href="#">Click here to enter text.</a></p> <ul style="list-style-type: none"> <li>a) 100</li> <li>b) 80</li> <li>c) 80</li> <li>d) 80</li> </ul> <p><i>Source: required</i></p>

A4.5 Specify the nature and duration of the proposed new service or intervention.

**Time limited**

For time limited services, specify frequency and/or duration.  
 Consultant telephone or face to face follow up at 12 months and unless problems, discharge back to GP if all is well.

*Source:* Service Specification Section 2.2, p6.

**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 checked="" 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"/>

Please specify:

[Click here to enter text.](#)

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

NORTH	6
MIDLANDS & EAST	1



LONDON	4
SOUTH	4
Total	15

There are 15 providers who are contracted to provide the current specialised E10/S/e Complex Gynaecology: Urinary Fistulae service. There are up to 100 providers coding activity for urinary or vesico vaginal fistula. A review published in 2012 of Hospital Episode Statistics (HES) data and outcomes for the period 2000-2009 (Cromwell D; Hilton.P; (2013) Retrospective cohort study on patterns of care and outcomes of surgical treatment for lower urinary-genital tract fistula among English National Health Service hospitals between 2000 and 2009): 490 consultants undertook 905 VVF/UVF procedures; 289 centres only performed one repair or attempted repair in this time period; only three centres performed an average of more than three such procedures per year.

A5.3 Does the proposition require a change of delivery setting or capacity requirements?

**yes**

*The number of contracted and non-contracted providers needs to reduce.*  
Please specify: NHS England will need to formally designate or procure those procedures through a small number of providers as part of a wider complex gynaecology strategy.

Patients will go to one of the small number of expert centres, which will be a change in the location of expert assessment and treatment. Capacity requirements will depend upon the number of sites determined.

*Source: Specification Working Group*

## 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 *	<input checked="" type="checkbox"/>
Patient level contract monitoring	<input checked="" 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"/>
Clinical Database**	<input type="checkbox"/>
Other**	<input type="checkbox"/>

\*\*If National Return, Clinical database or other selected, please specify: In addition, for audit purposes, activity related to the new pathway would also be recorded in the BAUS FNUU registry or the BSUG RCOG database.  
 BAUS= British Association of Urological Surgeons  
 FNUU= Functional, Neuro-Urology and Urodynamics  
 BSUG = British Society of Urogynaecology  
 RCOG = Royal College of Obstetrics and Gynaecology

A6.2 Specify how the activity related to the new patient pathway will be identified.

*Select all that apply:*

OPCS v4.8	<input checked="" type="checkbox"/>
ICD10	<input type="checkbox"/>
Service function code	<input type="checkbox"/>

	<table border="1"> <tr> <td data-bbox="1079 97 1751 156">Main Speciality code</td> <td data-bbox="1751 97 1841 156"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 156 1751 215">HRG</td> <td data-bbox="1751 156 1841 215"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 215 1751 274">SNOMED</td> <td data-bbox="1751 215 1841 274"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 274 1751 368">Clinical coding / terming methodology used by clinical profession</td> <td data-bbox="1751 274 1841 368"><input type="checkbox"/></td> </tr> </table>	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"/>
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"/>								
<p><b>A6.3 Identification Rules for Drugs:</b> How are any drug costs captured?</p>	<p><b><u>Not applicable</u></b> 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> 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>								
<p><b>A6.4 Identification Rules for Devices:</b> How are device costs captured?</p>	<p><b><u>Not applicable</u></b> 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> If device(s) 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. <a href="#">Click here to enter text.</a></p>								
<p><b>A6.5 Identification Rules for Activity:</b> How are activity costs captured?</p>	<p><b><u>Already captured by an existing specialised service line (NCBPS code) within the PSS Tool but needs amendment</u></b> i) This service specification covers the provision of a safe and effective care pathway including surgical repair, for women with a</p>								

	<p>genito-urinary tract fistula where the fistula does not heal spontaneously. A fistula repair is the treatment which takes place following (post) the surgery or intervention which caused or precipitated it – the ‘precipitating’ surgery/intervention. A fistula can occur following surgery (such as a caesarean section or colorectal, urological or gynaecological surgery such as a hysterectomy); or an intervention such as radiotherapy. The repair surgery will include the following procedures as appropriate and the main diagnostic codes for this service are ICD10, N360, N820 and N821 and operative codes are OPCS4, P251 and P252. The 1st Revisional Surgery (second) is (Y71.3), the 2nd Revisional Surgery (Y71.6), the 3rd or More Revisional Surgery is (Y71.7).</p> <p>ii) NCBPS04D – there is an inconsistency between this and NCBPS023S as OPCS M191 and M192 OPCS codes for adults are currently missing.</p> <p>iii) NCBPS023X – there is an inconsistency here as it is not picking up patients aged 18 and under (23x) and it needs to</p> <p>(iv) there is a high probability that some activity is being erroneously coded to/by CCGs – needs resolving as CCGs are not picking up the dominant procedure Y code and need to include it</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. Choose an item.</p>
--	--

**A7 Monitoring**

<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</p>	<p><b><u>None</u></b></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>
--	--

service and their current status with regard to NHS England specialised services commissioning.	
<b>A7.2 Business intelligence</b> Is there potential for duplicate reporting?	<b><u>No</u></b> If yes, please specify mitigation: <a href="#">Click here to enter text.</a>
<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: <a href="#">Click here to enter text.</a>
<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. <a href="#">Click here to enter text.</a> If no, will one be developed? <a href="#">Click here to enter text.</a>
<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. <a href="#">Click here to enter text.</a>
<b>Section B - Service Impact</b>	
<b>B1 Service Organisation</b>	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	Any willing urological and gynaecology surgeons in District General and some Tertiary centres provide assessment and surgery for urinary and

	<p>vesico vaginal fistulas but there are variable results and outcomes.  <i>Source: HES data required</i></p>								
<p>B1.2 Will the specification change the way the commissioned service is organised?</p>	<p><b><u>Yes</u></b>  Please specify:  The new service will see women with fistulae referred immediately upon diagnosis to one of the national expert, high volume centres. All patients will have imaging undertaken locally unless these facilities are not available and will attend the national expert centre for outpatient review to plan surgical management and then for definitive surgery, with initial follow-up at the expert centre and discharge back to the care of their GP or their local Acute Trust if all is satisfactory.  <i>Source: Proposed revised specification</i></p>								
<p>B1.3 Will the specification require a new approach to the organisation of care?</p>	<p><b><u>Implement a network model to support appropriate selection of treatment</u></b>  Please specify:  Local providers will refer to the smaller number of units that will be commissioned to provide the service</p>								
<p><b>B2 Geography &amp; Access</b></p>									
<p>B2.1 Where do current referrals come from?</p>	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1086 1125 1597 1362"> <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>	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"/>								

	Please specify: Click here to enter text.
B2.2 What impact will the new service specification have on the sources of referral?	<b><u>No impact</u></b> Please specify: Click here to enter text.
B2.3 Is the new service specification likely to improve equity of access?	<b><u>No impact</u></b> Please specify: Click here to enter text. <i>Source: Equalities Impact Assessment</i>
B2.4 Is the new service specification likely to improve equality of access and/or outcomes?	<b><u>Increase</u></b> Please specify: Click here to enter text. <i>Source: Equalities Impact Assessment</i>
<b>B3 Implementation</b>	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<b><u>Provider selection action</u></b> Please specify: Commissioner and Commissioning Hub to co-ordinate and oversee the reduction in the number of units.
B3.2 <b>Time to implementation:</b> Is a lead-in time required prior to implementation?	<b><u>Yes - go to B3.3</u></b> If yes, specify the likely time to implementation: Enter text

<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: Provider selection process Regionally led and timeline to be determined reionally</p>
<p><b>B3.4</b> Is a change in provider physical infrastructure required?</p>	<p><b><u>Yes</u></b> Please specify: There will be a reduction in the number of centres which are permitted to undertake this complex gynaecology surgery.</p>
<p><b>B3.5</b> Is a change in provider staffing required?</p>	<p><b><u>No</u></b> Please specify: The centres which are permitted to undertake this surgery will already have the staffing required.</p>
<p><b>B3.6</b> Are there new clinical dependency and/or adjacency requirements that would need to be in place?</p>	<p><b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a></p>
<p><b>B3.7</b> Are there changes in the support services that need to be in place?</p>	<p><b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a></p>
<p><b>B3.8</b> Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p><b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a></p>
<p><b>B3.9</b> Is there likely to be either an increase or decrease in the number of commissioned providers? If yes, specify the current and</p>	<p><b><u>Decrease</u></b></p>



estimated number of providers required in each region

*Please complete the table:*

Region	Current no. of providers	Future State expected range	Provisional or confirmed
North	6	1	<u>P</u>
Midlands & East	1	1	<u>P</u>
London	4	1	<u>P</u>
South	4	1	<u>P</u>
Total	15	Up to 4, with one in each Region	<u>P</u>

Please specify:

Subject to procurement process – which may be any qualified provider or another method – with providers proving whether they can evidence that they meet the essential criteria (based on the service specification)

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 service specification	<input checked="" type="checkbox"/>
Market intervention required	<input checked="" 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 checked="" type="checkbox"/>
National Commercial Agreements e.g. drugs, devices	<input type="checkbox"/>

	Procurement	<input type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
Please specify: To be confirmed		

#### 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)

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

### 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

*Select all that apply:*

<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"/>

	<table border="1"> <tr> <td data-bbox="1079 97 1245 552" rowspan="7"><b>Activity</b></td> <td data-bbox="1245 97 2056 156">Paid entirely by National Tariffs</td> <td data-bbox="2056 97 2139 156"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 156 2056 215">Paid entirely by Local Tariffs</td> <td data-bbox="2056 156 2139 215"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 215 2056 274">Partially paid by National Tariffs</td> <td data-bbox="2056 215 2139 274"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 274 2056 333">Partially paid by Local Tariffs</td> <td data-bbox="2056 274 2139 333"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 333 2056 392">Part/fully paid under a Block arrangement</td> <td data-bbox="2056 333 2139 392"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 392 2056 451">Part/fully paid under Pass-Through arrangements</td> <td data-bbox="2056 392 2139 451"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1245 451 2056 510">Part/fully paid under Other arrangements</td> <td data-bbox="2056 451 2139 510"><input type="checkbox"/></td> </tr> </table>	<b>Activity</b>	Paid entirely by National Tariffs	<input checked="" type="checkbox"/>	Paid entirely by Local Tariffs	<input 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"/>
<b>Activity</b>	Paid entirely by National Tariffs		<input checked="" type="checkbox"/>													
	Paid entirely by Local Tariffs		<input 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"/>														
<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 Tariff</b> List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	<p>A patient would have:</p> <ul style="list-style-type: none"> <li>• Year 1: one x new (£142) and one follow up (£54) Gynaecology Outpatient attendance (HRG: 101/502)</li> <li>• Year 1: one x new (£159) and one follow up (£68) Urology Outpatient</li> </ul>															

	<p>attendance (HRG: 101/502)</p> <ul style="list-style-type: none"> <li>• Year 1: one x Telephone consultation follow up £23 (101/502)</li> <li>• Year 1: One x day case Diagnostic Flexible Cystoscopy, 19 years and over (TFC LB72A) (£244) OR Year 1: one x Diagnostic Flexible Cystoscopy, 18 years and under (TFC LB72B) (£707) (depending on age of patient)</li> <li>• Year 1: one x Contrast Fluoroscopy Procedures with duration of less than 20 minutes (RD30Z/ 31Z) (£118)</li> <li>• Year 1: one x Surgery: VA/ AA (MA01Z) (£3,792) OR one x Surgery: UD - Ileal Conduit (LB10C/D + LB67C/D) (£6,655) OR one x Surgery: UD - Neo Bladder (LB10C/D + LB67C/D) (£6,655)</li> </ul>		
<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 if newly proposed how is has been derived, validated and tested.</p>	<p>Not applicable – covered by national 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– covered by national tariff</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>			
<p>C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?</p>	<table border="1"> <tr> <td data-bbox="1084 1302 1341 1358">YR1</td> <td data-bbox="1341 1302 1599 1358">£4,940.00</td> </tr> </table>	YR1	£4,940.00
YR1	£4,940.00		

Are there any changes expected in year 6-10 which would impact the model?	YR2	£4,940.00
	YR3	£4,940.00
	YR4	£4,940.00
	YR5	£4,940.00
	If yes, please specify: <a href="#">Click here to enter text.</a>	

### C3 Overall Cost Impact of this Service specification to NHS England

C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<b><u>Cost neutral</u></b> Please specify: <a href="#">Click here to enter text.</a>
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

### C4 Overall cost impact of this service specification to the NHS as a whole

C4.1 Specify the budget impact of the proposal on other parts of the NHS.	Budget impact for CCGs: <b><u>Cost neutral</u></b> Budget impact for providers:
---	---

	<b><u>Cost neutral</u></b> Please specify: <a href="#">Click here to enter text.</a>
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<b><u>Cost neutral</u></b> Please specify: <a href="#">Click here to enter text.</a>
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?	<b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a>
<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 Service specification</b>	
C6.1 What are the material financial risks to implementing this service specification?	None – cost neutral

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 - cost neutral.				
C6.4 What scenario has been approved and why?	Cost neutral.				
<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>Published evidence indicates service specification has the potential to be cost-effective</u></b></p> <p>Please specify:</p> <p>There is evidence that high volume VVF centres have half the failure rate of lower volume centres and are far more likely to repair a fistula successfully than perform a urinary diversion such as an ileal conduit (urinary diversion) Cromwell D, Hilton 2013. Five per cent of women with VVF will have associated upper tract problems such as ureteric obstruction or uretero-vaginal fistula and require abdominal repair the majority of the rest should be suitable for and have a vaginal repair which is less invasive and less costly. This does not happen now.</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" data-bbox="1086 1118 2132 1337"> <tr> <td data-bbox="1086 1118 2056 1249">Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td> <td data-bbox="2056 1118 2132 1249" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 1249 2056 1337">Available pricing data suggests the service is lower cost compared to current/comparator treatment</td> <td data-bbox="2056 1249 2132 1337" style="text-align: center;"><input 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 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"/>				

	<table border="1"> <tr> <td data-bbox="1079 97 2047 188">Available clinical practice data suggests the new service specification has the potential to improve value for money</td> <td data-bbox="2047 97 2139 188"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 188 2047 245">Other data has been identified</td> <td data-bbox="2047 188 2139 245"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 245 2047 303">No data has been identified</td> <td data-bbox="2047 245 2139 303"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 303 2047 394">The data supports a high level of certainty about the impact on value</td> <td data-bbox="2047 303 2139 394"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1079 394 2047 485">The data does not support a high level of certainty about the impact on value</td> <td data-bbox="2047 394 2139 485"><input type="checkbox"/></td> </tr> </table> <p data-bbox="1079 501 2056 628">Please specify: <a href="#">Click here to enter text.</a></p>	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 type="checkbox"/>	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"/>
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 type="checkbox"/>										
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"/>										
<b>C8 Non-Recurrent Costs</b>											
<p data-bbox="94 778 1057 849">C8.1 Are there non-recurrent revenue costs associated with this service specification?</p>	<p data-bbox="1079 778 2139 1107"><b><u>No</u></b> If yes, please specify and indicate whether these would be incurred or passed through to NHS England: <a href="#">Click here to enter text.</a> If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact. Choose an item.</p>										
<p data-bbox="94 1129 1057 1200">C8.2 Are there any non-recurrent provider capital costs associated with the service specification?</p>	<p data-bbox="1079 1129 2139 1319"><b><u>No</u></b> If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs). <a href="#">Click here to enter text.</a></p>										