

Integrated Impact Assessment Report for Service Specifications

Service Specification Reference Number	1649		
Service Specification Title	Specialised Complex Surgery for Urinary Incontinence and Vaginal and Uterine Prolapse		
Lead Commissioner	Anthony Prudhoe	Clinical Lead	Sarah Creighton
Finance Lead	Jazz Nandra	Analytical Lead	

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

<p>A1.1 Prevalence of the disease/condition.</p>	<p>Not known Source service spec 3.1 <i>375 stress incontinence</i> <i>1500 urge incontinence</i> <i>4000 prolapse</i> <i>700 Urinary and faecal incontinence</i></p>		
<p>A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.</p>	<p>6575 <i>Source: Click here to enter text.</i> Please specify <i>Click here to enter text.</i></p>		
<p>A1.3 Age group for which the service is proposed according to the service specification commissioning criteria Women</p>	<p><u>Adults</u> Please specify <i>Click here to enter text.</i></p>		
<p>A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria</p>	<p>As outlined above, the patients will be adults including patients aged less than 40 years and patients aged 60 years and above. <i>Source: required</i> Please specify <i>Click here to enter text.</i></p>		
<p>A1.5 How is the population currently distributed geographically?</p>	<p><u>Evenly</u> If unevenly, estimate regional distribution by %:</p> <table border="1" data-bbox="1088 1329 1599 1382"> <tr> <td data-bbox="1088 1329 1435 1382">North</td> <td data-bbox="1435 1329 1599 1382">enter %</td> </tr> </table>	North	enter %
North	enter %		

	<table border="1"> <tr> <td>Midlands & East</td> <td>enter %</td> </tr> <tr> <td>London</td> <td>enter %</td> </tr> <tr> <td>South</td> <td>enter %</td> </tr> </table>	Midlands & East	enter %	London	enter %	South	enter %	<p><i>Source: Service specification proposition section 6</i></p> <p>Please specify</p> <p>Click here to enter text.</p>				
Midlands & East	enter %											
London	enter %											
South	enter %											
<p>A2 Future Patient Population & Demography</p>												
<p>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>	<p><u>Constant</u></p> <p>If other, Click here to enter text.</p> <p><i>Source: Service specification proposition section 3.1</i></p>											
<p>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</p>	<p><u>No</u></p> <p>Please specify</p> <p>Click here to enter text.</p>											
<p>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?</p> <p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p>	<table border="1"> <tr> <td>YR2 +/-</td> <td>35</td> </tr> <tr> <td>YR3 +/-</td> <td>65</td> </tr> <tr> <td>YR4 +/-</td> <td>95</td> </tr> <tr> <td>YR5 +/-</td> <td>119</td> </tr> <tr> <td>YR10 +/-</td> <td>279</td> </tr> </table>	YR2 +/-	35	YR3 +/-	65	YR4 +/-	95	YR5 +/-	119	YR10 +/-	279	<p><i>Source: Service specification proposition section 3.1</i></p>
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	<p>Choose an item. Click here to enter text.</p>
<p>A3 Activity</p>	
<p>A3.1 What is the purpose of new service specification</p>	<p><u>Revision to an existing (2) published service specifications</u></p> <p>This service specification covers the management of women with complex urogynaecology conditions (urinary and faecal incontinence and uterine and or rectal and vaginal prolapse combined with rectal prolapse where repeat and or further surgical treatment is being considered following two prior surgical procedures. Repeat surgery for incontinence and prolapse requires more expertise as the procedures are generally more complex than the initial procedures and the potential for damaging complications is increased by the consequences of previous surgery.</p> <p>Click here to enter text.</p>
<p>A3.2 What is the annual activity associated with the existing pathway for the eligible population?</p>	<p>For the 5 year period from 18/19 to 22/23 the activity is shown below:</p> <p>Year 1: 5,180 Year 2: 5,215 Year 3: 5,245 Year 4: 5,459 Year 5: 5,299</p> <p><i>Source: required</i></p> <p>Please specify Click here to enter text.</p>

<p>A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?</p>	<p>enter number. See A1.1 & A3.2 <i>Source: required</i> Please specify Click here to enter text.</p>
<p>A4 Patient Pathway</p>	
<p>A4.1 Patient pathway Describe the current patient pathway and service.</p>	<p>Referral from primary or tertiary care, assessment by named specialised gynaecologist or specialist urologist, investigations, MDT meeting, treatment strategy, surgical procedures and follow up <i>Source: Service specification working group required</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>This service covers the management of women with complex urinary and faecal incontinence and rectal vaginal prolapse where repeat and or further treatment is required <i>Source: Service specification working group required</i></p>
<p>A4.3 What percentage of the total eligible population are: a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria</p>	<p>If not known, please specify See A1.1 a) 100% b) 100% c) Not known <i>Source: Click here to enter text.</i></p>
<p>A4.4 What percentage of the total eligible population is expected to: a) Be referred to the proposed service b) Be eligible for care according to the proposed criteria for the service c) Take up care according to the proposed criteria for the service</p>	<p>a) 100% b) 100% c) 100%</p>

d) Continue care according to the proposed criteria for the service?	d) 100% <i>Source: Service specification working group required</i>
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A4.5 Specify the nature and duration of the proposed new service or intervention.	<p>One off</p> <p>Following surgery the majority of patients will have a single follow up visit</p> <p>For time limited services, specify frequency and/or duration.</p> <p>Not applicable</p> <p><i>Source: required</i></p>
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A5 Service Setting

A5.1 How is this service delivered to the patient?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Emergency/Urgent care attendance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: inpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acute Trust: day patient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community setting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Homecare</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify: Click here to enter text.</p>	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"/>
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Other	<input type="checkbox"/>																		

A5.2 What is the current number of contracted providers for the eligible population by region?	NORTH	14
	MIDLANDS & EAST	10
	LONDON	7
	SOUTH	16

A5.3 Does the proposition require a change of delivery setting or capacity requirements?	<p>yes</p> <p>Please specify:</p> <p>The number of providers offering this service is likely to reduce linked to a re-assessment programme once the service specification has been endorsed.</p> <p><i>Source: required</i></p>
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A6 Coding

A6.1 Specify the datasets used to record the new patient pathway activity.	<p><i>Select all that apply:</i></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 checked="" 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 checked="" 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> </table>	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"/>
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*expected to be populated for all commissioned activity

	<table border="1"> <tr> <td data-bbox="1084 97 1753 156">Clinical Database**</td> <td data-bbox="1753 97 1850 156"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 156 1753 215">Other**</td> <td data-bbox="1753 156 1850 215"><input type="checkbox"/></td> </tr> </table> <p data-bbox="1084 225 2157 300">**If National Return, Clinical database or other selected, please specify: Click here to enter text.</p>	Clinical Database**	<input type="checkbox"/>	Other**	<input type="checkbox"/>										
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<p data-bbox="91 357 1059 427">A6.2 Specify how the activity related to the new patient pathway will be identified.</p>	<p data-bbox="1084 357 1391 395"><i>Select all that apply:</i></p> <table border="1"> <tr> <td data-bbox="1084 400 1753 459">OPCS v4.8</td> <td data-bbox="1753 400 1850 459"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 459 1753 518">ICD10</td> <td data-bbox="1753 459 1850 518"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 518 1753 577">Service function code</td> <td data-bbox="1753 518 1850 577"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 577 1753 636">Main Speciality code</td> <td data-bbox="1753 577 1850 636"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 636 1753 695">HRG</td> <td data-bbox="1753 636 1850 695"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 695 1753 754">SNOMED</td> <td data-bbox="1753 695 1850 754"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 754 1753 847">Clinical coding / terming methodology used by clinical profession</td> <td data-bbox="1753 754 1850 847"><input type="checkbox"/></td> </tr> </table>	OPCS v4.8	<input checked="" type="checkbox"/>	ICD10	<input type="checkbox"/>	Service function code	<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"/>
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<p data-bbox="91 896 629 935">A6.3 Identification Rules for Drugs:</p> <p data-bbox="91 944 584 983">How are any drug costs captured?</p>	<p data-bbox="1084 896 1308 935"><u>Not applicable</u></p> <p data-bbox="1084 944 2157 1015">If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply: Click here to enter text.</p> <p data-bbox="1084 1072 2157 1174">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: Click here to enter text.</p>														
<p data-bbox="91 1279 658 1318">A6.4 Identification Rules for Devices:</p> <p data-bbox="91 1327 551 1366">How are device costs captured?</p>	<p data-bbox="1084 1279 1308 1318"><u>Not applicable</u></p> <p data-bbox="1084 1327 2157 1366">If device(s) covered by an existing category of HCTED please specify the</p>														

	<p>Device Category (as per the National Tariff Payment System Guidance) for all that apply:</p> <p>Click here to enter text.</p> <p>If device(s) not excluded from Tariff nor covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team.</p> <p>Click here to enter text.</p>
<p>A6.5 Identification Rules for Activity: How are activity costs captured?</p> <p>■</p>	<p><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></p> <p>NCBPS33A A07 - SPECIALISED COLORECTAL SERVICES Colorectal Faecal Incontinence</p> <p>NCBPS04D E09 - SPECIALISED WOMENS SERVICES Complex Urinary Incontinence And Genital Prolapse</p> <p>NCBPS04A E09 - SPECIALISED WOMENS SERVICES Complex Minimal Access Gynaecology Surgery</p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p> <p>Click here to enter text.</p> <p>If activity costs are already captured please specify whether this service needs a separate code. Choose an item.</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>Click here to enter text.</p> <p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the</p>

	Identification Rules team. Choose an item.
A7 Monitoring	
<p>A7.1 Contracts Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule. 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><u>Yes - population of clinical databases</u> All procedures should be recorded on the BAUS of BSUG database Click here to enter text.</p>
<p>A7.2 Business intelligence Is there potential for duplicate reporting?</p>	<p><u>No</u> If yes, please specify mitigation: Click here to enter text.</p>
<p>A7.3 Contract monitoring Is this part of routine contract monitoring?</p>	<p><u>Yes</u> If no, please specify contract monitoring requirement: Click here to enter text.</p>
<p>A7.4 Dashboard reporting Specify whether a dashboard exists for the proposed service?</p>	<p><u>No</u> 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</p>
<p>A7.5 NICE reporting</p>	<p><u>Yes</u></p>

<p>Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?</p>	<p>See section 5.1 of the service specification. Units will need to provide evidence of their compliance with the service standards as set out in section 5.1</p> <p>Click here to enter text.</p>
<p>Section B - Service Impact</p>	
<p>B1 Service Organisation</p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)</p>	<p>The service is delivered in specialised and non-specialised units.</p> <p><i>Source: QST required</i></p>
<p>B1.2 Will the specification change the way the commissioned service is organised?</p>	<p><u>Yes</u></p> <p>There is a need to review the configuration and designation of existing services in order to ensure that women experience surgery in units that are specialised Click here to enter text.</p> <p><i>Source: service specification working group required</i></p>
<p>B1.3 Will the specification require a new approach to the organisation of care?</p>	<p><u>Other</u></p> <p>It will introduce a non-specialised MDT to specialised MDT approach to support women requiring complex urinary and faecal incontinence and rectal and vaginal prolapse repeat surgery and complex procedures:</p> <p>Click here to enter text.</p>
<p>B2 Geography & Access</p>	
<p>B2.1 Where do current referrals come from?</p>	<p><i>Select all that apply:</i></p> <hr/>

	<table border="1" data-bbox="1086 97 1599 336"> <tr> <td data-bbox="1086 97 1509 156">GP</td> <td data-bbox="1509 97 1599 156"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 156 1509 215">Secondary care</td> <td data-bbox="1509 156 1599 215"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 215 1509 274">Tertiary care</td> <td data-bbox="1509 215 1599 274"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 274 1509 336">Other</td> <td data-bbox="1509 274 1599 336"><input type="checkbox"/></td> </tr> </table> <p data-bbox="1086 336 1599 472">Please specify:</p>	GP	<input type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>	Tertiary care	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
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Secondary care	<input checked="" type="checkbox"/>								
Tertiary care	<input checked="" type="checkbox"/>								
Other	<input type="checkbox"/>								
<p data-bbox="91 483 994 552">B2.2 What impact will the new service specification have on the sources of referral?</p>	<p data-bbox="1086 483 1245 517"><u>No impact</u></p> <p data-bbox="1086 528 2130 638">More referrals should be going through to/being transferred to specialised services from non-specialised services but the actual number of referrals should not be increasing:</p> <p data-bbox="1086 649 1413 683">Click here to enter text.</p>								
<p data-bbox="91 738 981 807">B2.3 Is the new service specification likely to improve equity of access?</p>	<p data-bbox="1086 738 1218 772"><u>Increase</u></p> <p data-bbox="1086 783 2145 852">The new service specification should ensure that women who require repeat and complex surgery are receiving that surgery at a specialised unit</p> <p data-bbox="1086 863 1637 896"><i>Source: Equalities Impact Assessment</i></p>								
<p data-bbox="91 959 1003 1027">B2.4 Is the new service specification likely to improve equality of access and/or outcomes?</p>	<p data-bbox="1086 959 1218 992"><u>Increase</u></p> <p data-bbox="1086 1003 1301 1037">Please specify:</p> <p data-bbox="1086 1048 2145 1190">The new service specification should ensure that women who require repeat and complex surgery are receiving that surgery at a specialised unit and this should impact on quality and therefore equality of access and outcomes</p> <p data-bbox="1086 1201 1637 1235"><i>Source: Equalities Impact Assessment</i></p>								
<p data-bbox="91 1342 383 1375">B3 Implementation</p>									

<p>B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?</p>	<p><u>Service organisation action</u> Both commissioner and provider action will be required before implementation can occur. A commissioner gynaecology toolkit has been developed to support commissioners and the QST in assessing who should be and who should not be delivering this specialised service: Click here to enter text.</p>
<p>B3.2 Time to implementation: Is a lead-in time required prior to implementation?</p>	<p><u>No - go to B3.4</u> If yes, specify the likely time to implementation: The assessment of trusts against the gynaecology toolkit will commence in April 2019. There will be a transition and mobilisation period between September 2019 and March 2020 to enable reconfiguration to go live from the 1 4 2020 Enter text</p>
<p>B3.3 Time to implementation: If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p><u>Yes</u> If yes, outline the plan: Commissioner toolkit and QST assessment of providers against the revised service specification. The assessments will commence in April 2019 and conclude in June 2019. The assessment of hospitals against the service specification standards may mean that fewer hospitals in the future will be designated to offer these complex treatments, but this will ensure the outcomes for patients are the best they can be. The timeline to implantation will be determined by Regional Commissioning Teams 2020</p>
<p>B3.4 Is a change in provider physical infrastructure required?</p>	<p><u>No</u> Please specify: Click here to enter text.</p>
<p>B3.5 Is a change in provider staffing required?</p>	<p><u>No</u> Please specify: Click here to enter text.</p>

<p>B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?</p>	<p>No Please specify: Click here to enter text.</p>																								
<p>B3.7 Are there changes in the support services that need to be in place?</p>	<p>No Please specify: Click here to enter text.</p>																								
<p>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p>No Please specify: Click here to enter text.</p>																								
<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>	<p><u>Decrease</u></p> <table border="1" data-bbox="1088 743 2013 1189"> <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>14</td> <td>Less than 14</td> <td>select</td> </tr> <tr> <td>Midlands & East</td> <td>10</td> <td>Less than 10</td> <td>select</td> </tr> <tr> <td>London</td> <td>7</td> <td>Less than 7</td> <td>select</td> </tr> <tr> <td>South</td> <td>16</td> <td>Less than 16</td> <td>select</td> </tr> <tr> <td>Total</td> <td>47</td> <td>Les than 47</td> <td>select</td> </tr> </tbody> </table> <p>Please specify: Click here to enter text.</p>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North	14	Less than 14	select	Midlands & East	10	Less than 10	select	London	7	Less than 7	select	South	16	Less than 16	select	Total	47	Les than 47	select
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<p>B3.10 Specify how revised provision will be secured by NHS</p>	<p><i>Select all that apply:</i></p> <hr/>																								

England as the responsible commissioner.	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 checked="" type="checkbox"/>
Please specify: Commissioner assessment in line with toolkit methodology Click here to enter text.		

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.
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Section C - Finance Impact

C1 Tariff/Pricing

<p>C1.1 How is the service contracted and/or charged? Only specify for the relevant section of the patient pathway</p>	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td rowspan="3">Drugs</td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff - other</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="4">Devices</td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – other</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Via Zero Cost Model</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="7">Activity</td> <td>Paid entirely by National Tariffs</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Paid entirely by Local Tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partially paid by National Tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partially paid by Local Tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Part/fully paid under a Block arrangement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Part/fully paid under Pass-Through arrangements</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Part/fully paid under Other arrangements</td> <td><input type="checkbox"/></td> </tr> </table>	Drugs	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"/>	Devices	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"/>	Activity	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"/>
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<p>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 are subject to commercial confidentiality and must not be disclosed.</p>	<p>NA</p>																															
<p>C1.3 Device Costs</p>	<p>NA</p>																															

<p>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.</p> <p>NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>										
<p>C1.4 Activity Costs covered by National Tariff</p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	<p>Covered by national tariff</p>									
<p>C1.5 Activity Costs covered by Local Tariff</p> <p>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 tariffs.</p>									
<p>C1.6 Other Activity Costs not covered by National or Local Tariff</p> <p>Include descriptions and estimates of all key costs.</p>	<p>Not applicable – Covered by national tariffs.</p>									
<p>C1.7 Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p>No</p> <p>Please specify: Click here to enter text.</p>									
<p>C2 Average Cost per Patient</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 1214 1341 1262">YR1</td> <td data-bbox="1341 1214 1599 1262">£4,156</td> <td data-bbox="1599 1214 2159 1262"></td> </tr> <tr> <td data-bbox="1084 1262 1341 1318">YR2</td> <td data-bbox="1341 1262 1599 1318">£4,157</td> <td data-bbox="1599 1262 2159 1318"></td> </tr> <tr> <td data-bbox="1084 1318 1341 1374">YR3</td> <td data-bbox="1341 1318 1599 1374">£4,156</td> <td data-bbox="1599 1318 2159 1374"></td> </tr> </table>	YR1	£4,156		YR2	£4,157		YR3	£4,156	
YR1	£4,156									
YR2	£4,157									
YR3	£4,156									

Are there any changes expected in year 6-10 which would impact the model?	YR4	£4,157
	YR5	£4,155

If yes, please specify:
[Click here to enter text.](#)

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.	<u>Cost neutral</u> Please specify: Click here to enter text.
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C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	Click here to enter text.
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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
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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: <u>Cost neutral</u> Budget impact for providers: <u>Cost neutral</u> Please specify: Click here to enter text.
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C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<u>Cost neutral</u> Please specify: Click here to enter text.
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?	<u>No</u> Please specify: Click here to enter text.
C5 Funding	
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	Cost neutral
C6 Financial Risks Associated with Implementing this Service specification	
C6.1 What are the material financial risks to implementing this service specification?	There are no material financial risks
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

C6.4 What scenario has been approved and why?	The revised service specification clarifies what is specialised and non specialised activity.
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C7 Value for Money

C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?	<p><u>There is no published evidence of cost-effectiveness</u></p> <p>Please specify: Click here to enter text.</p>
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C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<i>Select all that apply:</i>	
	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 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"/>
<p>Please specify: Click here to enter text.</p>		

C8 Non-Recurrent Costs

C8.1 Are there non-recurrent revenue costs associated with this service specification?

No

If yes, please specify and indicate whether these would be incurred or passed through to NHS England:

[Click here to enter text.](#)

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.](#)

C8.2 Are there any non-recurrent provider capital costs associated with the service specification?

No

If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs).

[Click here to enter text.](#)