

## CLINICAL PRIORITIES ADVISORY GROUP

### Month Year

<b>Agenda Item No</b>	
<b>National Programme</b>	Trauma
<b>Clinical Reference Group</b>	Complex Disability and Rehabilitation
<b>URN</b>	1685

#### **Title (Insert Service Specification title in full)**

**Hand and Upper Limb Transplant Service**

#### **Actions Requested**

1. Agree the Service Specification Proposition

#### **Proposition**

**Hand and Upper Limb Transplant Service**

#### **Clinical Panel recommendation**

Not applicable

#### **The committee is asked to receive the following assurance:**

1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes where necessary an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes/Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Service Specification Proposition. The relevant National Programme of Care Board has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Operational Delivery Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.

5.	The Director of Nursing (Specialised Commissioning) confirms that the proposed quality indicators have been adequately defined.
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**The following documents are included (others available on request):**

1.	Service Specification Proposition
2.	Consultation Report
3.	Evidence Summary (Not completed)
4.	Clinical Panel Report (Not completed)
5.	Equality Impact and Assessment Report

**Considerations from review by the Rare Disease Advisory Group**

*It will be shared at the next RDAG meeting in February 2019.*

**Pharmaceutical considerations**

Not applicable

**Considerations from review by National Programme of Care**

**POC Board support:**

1) The proposal received the full support of the Trauma Board on the

**Benefit of Service Specification:**

This service specification has been written to ensure that it is in line with the published clinical commissioning policy and is reflective of current practice and that appropriate Quality Indicators are in place for the service.

**Implementation timescale:**

**Select appropriate option:**

1) Non material amendments and therefore suitable for immediate adoption

**SECTION 2 – IMPACT REPORT (Not included in CPAG Papers, section 2 only)**

No	Item	N/Cost	Level of uncertainty
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		£K	
1.	Number of patients affected in England	Source: IA Report, A1.2	Estimate 3 per year
2.	Total cost per patient over 5 years	Source: IA Report C2.1 and 2.2, and Model	Not applicable – no material change to the service
3.	Budget impact year 1	Source: IA Report C3.1 and Model	Not applicable – no material change to the service
4.	Budget impact year 2	Source: IA Report C3.1 and Model	Not applicable – no material change to the service
5.	Budget impact year 3	Source: IA Report C3.1 and Model	[Not applicable – no material change to the service
6.	Budget impact year 4	Source: IA Report C3.1 and Model	Not applicable – no material change to the service
7.	Budget impact year 5	Source: IA Report C3.1 and Model	Not applicable – no material change to the service
8.	Total number of patients treated over 5 years	Source: IA Report A3.2	Estimate up to 15 patients
9.	Total cost per patient benefitting over 5 years		Not applicable – no material change to the service
<b>Key additional information</b> This is considered to be cost neutral because there is no material change to the service. The specification is reflective of current practice with a focus on updating the measured Quality Indicators.			
[TO BE COMPLETED BY NHS ENGLAND FINANCE (Andy Leary / Justine)]			