

Integrated Impact Assessment Report for Service Specifications

Service Specification Reference Number	URN1685		
Service Specification Title	Hand and Upper Limb Transplant Service Proposal <u>for routine commission</u> (source A3.1)		
Lead Commissioner	Nicola Symes	Clinical Lead	Prof. Simon Kay
Finance Lead	Keith Moulds	Analytical Lead	Click here to enter text.

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>No data currently exists to quantify the fraction of upper limb amputees that may be suitable for hand and upper limb transplant. It is, however, anticipated that this subgroup will be small. The number of patients that will seek the procedure and meet the stringent inclusion criteria may be as low as 3 patients per year.</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>Estimated 3 patients per year</p> <p><i>Source: Previous Annual Activity data</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	<p><u>Adults</u></p> <p>Please specify</p> <p>Note: In exceptional cases, it may be appropriate to consider referral to the service for a child under the age of 18 years. Any such cases will require extensive clinical consultation and prior approval.</p>
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria	<p>Adults - not applicable due to low patient numbers</p> <p><i>Source: Working group</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A1.5 How is the population currently distributed geographically?	<p><u>Evenly</u></p> <p>It is expected that there would be even geographical distribution, but</p>

	<p>patient numbers are low. Those patients that have received a transplant to date have been geographically dispersed.</p> <p>If unevenly, estimate regional distribution by %:</p> <table border="1" data-bbox="1088 268 1599 488"> <tr> <td>North</td> <td></td> </tr> <tr> <td>Midlands & East</td> <td></td> </tr> <tr> <td>London</td> <td></td> </tr> <tr> <td>South</td> <td></td> </tr> </table> <p><i>Source:</i> Click here to enter text.</p>		North		Midlands & East		London		South	
North										
Midlands & East										
London										
South										
<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. <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 Click here to enter text. <i>Source: Service specification proposition section 6/other</i></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>	<table border="1" data-bbox="1088 1222 1599 1382"> <tr> <td>YR2 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR3 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR4 +/-</td> <td>enter number.</td> </tr> </table>		YR2 +/-	enter number.	YR3 +/-	enter number.	YR4 +/-	enter number.		
YR2 +/-	enter number.									
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<p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p>	YR5 +/-	enter number.	<p><i>Source: Service specification proposition section 3.1</i></p> <p><u>Yes</u></p> <p>Click here to enter text.</p>
	YR10 +/-	enter number.	
<p>A3 Activity</p>			
<p>A3.1 What is the purpose of new service specification?</p>	<p><u>Provide service specification document for a service already commissioned by NHS England in accordance with 'The Manual' but without a published specification</u></p> <p>*PSSAG (Prescribed Specialised Services Advisory Group)</p> <p>Please specify</p> <p>The associated policy was published in 2015 and service commissioned 2016, however no service specification is currently in place.</p>		
<p>A3.2 What is the annual activity associated with the existing pathway for the eligible population?</p>	<p>Estimated 3 patients per year</p> <p><i>Source: Previous Annual Activity data</i></p> <p>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>Estimated 3 patients per year.</p> <p><i>Source Previous Annual Activity data</i></p> <p>Please specify</p> <p>Click here to enter text.</p>		

A4 Patient Pathway	
<p>A4.1 Patient pathway Describe the current patient pathway and service.</p>	<p>Referrals for hand and upper limb transplantation would be made by one of the following specialised services: prosthetics, plastic surgery, orthopaedics or rehabilitation.</p> <p>Each episode of care will include:</p> <ul style="list-style-type: none"> • Assessment by individual members of the multidisciplinary team. • Full team multidisciplinary assessment. • Follow up of patients with repeat assessments, as required. • Follow up of patients whilst on the waiting list for transplant. • Transplantation • Post-operative care • Rehabilitation • Routine medical review to monitor episodes of rejection and immunosuppression • Long term review of transplant (at least annually) • Readmission for complications/secondary surgery as required <p><i>Source: Service Specification</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>Inclusion criteria: Full or partial hand or upper limb loss (uni-lateral or bi-lateral) with viable bone and suitable motor and sensory structures; complete loss of function in one or both hands; over 18 years of age, unsuitable for current prostheses, highly motivated.</p> <p>(In exceptional cases, be appropriate to consider referral to the service for a child under the age of 18 years. Any such cases will require extensive clinical consultation and approval).</p> <p>Exclusion criteria: active or previous malignancy of current oncological concern, active infection, systemic infection, congenital limb anomalies,</p>

	<p>incapacitating proximal nerve injury</p> <p>Patients referred to the service will receive a full and comprehensive assessment to ensure their anatomical, immunological and psychological suitability for transplant, prior to inclusion on the waiting list for a donor limb.</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"> a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria 	<p>If not known, please specify: Unknown</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % <p><i>Source: required</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> 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 d) Continue care according to the proposed criteria for the service? 	<p>If not known, please specify: Unknown</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) <p><i>Source: required</i></p>
<p>A4.5 Specify the nature and duration of the proposed new service or intervention.</p>	<p><u>Time limited</u></p> <p>For time limited services, specify frequency and/or duration.</p> <p>Patients will receive an in-depth assessment, usually at least 1 year; if appropriate, patients will be listed for transplant; patients will receive a period of inpatient care and treatment at time of transplant; patients will be followed up for rehabilitation. Although patients will not require lifelong input from the service, they will require immunosuppression for the lifetime</p>

	of the transplant. <i>Source:</i> Working Group																			
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 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 checked="" 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 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 checked="" type="checkbox"/>	Homecare	<input type="checkbox"/>	Other	<input type="checkbox"/>
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A5.2 What is the current number of contracted providers for the eligible population by region?	<table border="1"> <tr> <td>NORTH</td><td>1</td></tr> <tr> <td>MIDLANDS & EAST</td><td></td></tr> <tr> <td>LONDON</td><td></td></tr> <tr> <td>SOUTH</td><td>number</td></tr> </table>		NORTH	1	MIDLANDS & EAST		LONDON		SOUTH	number										
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	There is one nationally designated provider for this Highly Specialised Service – Leeds Teaching Hospital NHS Trust. They will accept patients from across England.																				
A5.3 Does the proposition require a change of delivery setting or capacity requirements?	<p>No</p> <p>Please specify: The service is already in place. <i>Source: required</i></p>																				
A6 Coding																					
<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><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 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>	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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	<p>**If National Return, Clinical database or other selected, please specify: Highly Specialised commissioning Monthly data return</p>														
<p>A6.2 Specify how the activity related to the new patient pathway will be identified.</p>	<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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<p>A6.3 Identification Rules for Drugs: How are any drug costs captured?</p>	<p><u>Not applicable</u></p> <p>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>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>A6.4 Identification Rules for Devices: How are device costs captured?</p>	<p><u>Not applicable</u></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: 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:</p> <p>How are activity costs captured?</p>	<p><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></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 Identification Rules team. Choose an item.</p>
<p>A7 Monitoring</p>	
<p>A7.1 Contracts</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><u>None</u></p> <p>Please specify</p> <p>No new data requirements</p>

<p>A7.2 Business intelligence</p> <p>Is there potential for duplicate reporting?</p>	<p><u>No</u></p> <p>If yes, please specify mitigation: Click here to enter text.</p>
<p>A7.3 Contract monitoring</p> <p>Is this part of routine contract monitoring?</p>	<p><u>Yes</u></p> <p>If no, please specify contract monitoring requirement: Click here to enter text.</p>
<p>A7.4 Dashboard reporting</p> <p>Specify whether a dashboard exists for the proposed service?</p>	<p><u>No</u></p> <p>If yes, specify how routine performance monitoring data will be used for dashboard reporting. Click here to enter text.</p> <p>If no, will one be developed? Yes, the new indicators within the revised specification will be used to produce a dashboard.</p>
<p>A7.5 NICE reporting</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><u>No</u></p> <p>If yes, specify how performance monitoring data will be used for this purpose. 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 currently delivered by one nationally commissioned provider. <i>Source: required</i></p>

B1.2 Will the specification change the way the commissioned service is organised?	<p><u>No</u> Please specify: Click here to enter text. <i>Source: required</i></p>								
B1.3 Will the specification require a new approach to the organisation of care?	<p><u>No change to delivery of care</u> Please specify: Click here to enter text.</p>								
<p>B2 Geography & Access</p>									
B2.1 Where do current referrals come from?	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1086 699 1597 938"> <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: Click here to enter text.</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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B2.2 What impact will the new service specification have on the sources of referral?	<p><u>No impact</u> Please specify: Click here to enter text.</p>								
B2.3 Is the new service specification likely to improve equity of access?	<p><u>No impact</u> Please specify:</p>								

	<p>Click here to enter text.</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><u>No impact</u></p> <p>Please specify:</p> <p>Click here to enter text.</p> <p><i>Source: Equalities Impact Assessment</i></p>
B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<p><u>No action required</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
<p>B3.2 Time to implementation:</p> <p>Is a lead-in time required prior to implementation?</p>	<p><u>No - go to B3.4</u></p> <p>If yes, specify the likely time to implementation: Enter text</p>
<p>B3.3 Time to implementation:</p> <p>If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p>Choose an item.</p> <p>If yes, outline the plan:</p> <p>Click here to enter text.</p>
B3.4 Is a change in provider physical infrastructure required?	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
B3.5 Is a change in provider staffing required?	<p><u>No</u></p> <p>Please specify:</p>

	Click here to enter text.																								
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p><u>No</u> Please specify: Click here to enter text.</p>																								
B3.7 Are there changes in the support services that need to be in place?	<p><u>No</u> Please specify: Click here to enter text.</p>																								
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<p><u>No</u> Please specify: Click here to enter text.</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><u>No change</u> 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>1</td><td>select</td></tr> <tr> <td>Midlands & East</td><td>0</td><td>0</td><td>select</td></tr> <tr> <td>London</td><td>0</td><td>0</td><td>select</td></tr> <tr> <td>South</td><td>0</td><td>0</td><td>select</td></tr> <tr> <td>Total</td><td>1</td><td>1</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	1	1	select	Midlands & East	0	0	select	London	0	0	select	South	0	0	select	Total	1	1	select
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<p>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</p>	<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: Click here to enter text.</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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<p>B4 Place-based Commissioning</p>																	
<p>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>	<p><u>No</u> Please specify: Click here to enter text.</p>																
<p>Section C - Finance Impact</p>																	
<p>C1 Tariff/Pricing</p>																	

<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 data-bbox="1084 153 1240 328" rowspan="3">Drugs</td> <td data-bbox="1240 153 2056 209">Not separately charged – part of local or national tariffs</td> <td data-bbox="2056 153 2145 209"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 209 2056 264">Excluded from tariff – pass through</td> <td data-bbox="2056 209 2145 264"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 264 2056 328">Excluded from tariff - other</td> <td data-bbox="2056 264 2145 328"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 328 1240 568" rowspan="4">Devices</td> <td data-bbox="1240 328 2056 384">Not separately charged – part of local or national tariffs</td> <td data-bbox="2056 328 2145 384"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 384 2056 440">Excluded from tariff (excluding ZCM) – pass through</td> <td data-bbox="2056 384 2145 440"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 440 2056 496">Excluded from tariff (excluding ZCM) – other</td> <td data-bbox="2056 440 2145 496"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 496 2056 568">Via Zero Cost Model</td> <td data-bbox="2056 496 2145 568"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1084 568 1240 983" rowspan="7">Activity</td> <td data-bbox="1240 568 2056 624">Paid entirely by National Tariffs</td> <td data-bbox="2056 568 2145 624"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 624 2056 679">Paid entirely by Local Tariffs</td> <td data-bbox="2056 624 2145 679"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 679 2056 735">Partially paid by National Tariffs</td> <td data-bbox="2056 679 2145 735"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 735 2056 791">Partially paid by Local Tariffs</td> <td data-bbox="2056 735 2145 791"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 791 2056 847">Part/fully paid under a Block arrangement</td> <td data-bbox="2056 791 2145 847"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 847 2056 903">Part/fully paid under Pass-Through arrangements</td> <td data-bbox="2056 847 2145 903"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1240 903 2056 983">Part/fully paid under Other arrangements</td> <td data-bbox="2056 903 2145 983"><input type="checkbox"/></td> </tr> </table>	Drugs	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"/>	Devices	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"/>	Activity	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"/>
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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>Not applicable</p>																															
<p>C1.3 Device Costs</p>	<p>Not applicable</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>	Not applicable
<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>	No change to existing practice
<p>C1.6 Other Activity Costs not covered by National or Local Tariff</p> <p>Include descriptions and estimates of all key costs.</p>	Not applicable
<p>C1.7 Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p><u>No</u></p> <p>Please specify: Click here to enter text.</p>
<p>C2 Average Cost per Patient</p>	

<p>C4.1 Specify the budget impact of the proposal on other parts of the NHS.</p>	<p>Budget impact for CCGs: <u>No impact on CCGs</u> Budget impact for providers: <u>Cost neutral</u> Please specify: Click here to enter text.</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>Cost neutral</u> Please specify: Click here to enter text.</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>No</u> Please specify: Click here to enter text.</p>
<p>C5 Funding</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>C6 Financial Risks Associated with Implementing this Service specification</p>	

C6.1 What are the material financial risks to implementing this service specification?	None – no changes to the current service provision										
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										
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:</p> <p>Click here to enter text.</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"/>
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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: Click here to enter text.	
C8 Non-Recurrent Costs		
C8.1 Are there non-recurrent revenue costs associated with this service specification?	<p><u>No</u></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>Choose an item.</p>	
C8.2 Are there any non-recurrent provider capital costs associated with the service specification?	<p><u>No</u></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>	