

## Integrated Impact Assessment Report for Service Specifications

<b>Service Specification Reference Number</b>	B01/S/a		
<b>Service Specification Title</b>	External Beam Radiotherapy Services in Adults Proposal <b><u>for routine commission</u></b>		
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### 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>This service specification covers the provision of radiotherapy services for adults and includes the treatment of both malignant disease and benign conditions, recognising that the vast majority of patients are treated for malignant (cancer) disease. Radiotherapy is an integral component of modern cancer care, with 4 out of 10 people that are cured having received radiotherapy as part of their treatment.</p> <p><i>Source: Service Specification Proposition section 3.1</i></p>
<p>A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.</p>	<p>In 2016/17 134,000 patients (episodes) will have been treated using external beam radiotherapy.</p> <p><i>Source: National Radiotherapy Dataset (RTDS)</i></p>
<p>A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.</p>	<p><b><u>Adults</u></b></p> <p>A paediatric and young adult Service Specification is currently in development in order to reflect the impact of opening Proton Beam Therapy centres in England. The overall activity and finance within the Integrated Impact Assessment (IIA) does include paediatric activity and finance, however, this constitutes less than 0.5% of patients receiving radiotherapy per year. The IIA developed alongside the paediatric Service Specification will reflect the activity and finance associated with radiotherapy services for paediatric and young adults.</p>
<p>A1.4 Age distribution of the patient population eligible according to</p>	<p>Increases with age.</p>

the proposed service specification commissioning criteria

Source: National Radiotherapy Dataset

**2014/15 All Radiotherapy Episodes by Age**

Age	00 - 04	131
	05 - 09	155
	10 - 14	138
	15 - 19	242
	20 - 24	378
	25 - 29	699
	30 - 34	1,158
	35 - 39	1,883
	40 - 44	3,611
	45 - 49	6,858
	50 - 54	10,376
	55 - 59	12,169
	60 - 64	16,352
	65 - 69	22,625
	70 - 74	20,102
	75 - 79	17,791
	80 - 84	11,350
	85+	8,123
	Unknown	30
	<b>Total</b>	<b>134,171</b>

A1.5 How is the population currently distributed geographically?

**Evenly**

If unevenly, estimate regional distribution by %:

North	enter %
Midlands & East	enter %
London	enter %

	South	enter %	
<i>Source: Service Specification Proposition, Section 6</i>			

## A2 Future Patient Population & Demography

<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><b><u>Increasing</u></b></p> <p>Historically radiotherapy episodes have increased at a rate of less than 1% over the last 10 years. The modelling has been undertaken for the next 10 years assumes 1% and 2% growth, in line with cancer incidence.</p> <p><i>Source: Service Specification Proposition, Section 3.1</i></p>
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<p>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</p>	<p><b><u>No</u></b></p> <p>Please specify</p> <p><i>Source: Service Specification Proposition, Section 6 / other</i></p>
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<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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Episodes</th> <th style="text-align: center;">1% / yr</th> <th style="text-align: center;">2% / yr</th> </tr> </thead> <tbody> <tr> <td>YR2 +/-</td> <td style="text-align: center;">136,700</td> <td style="text-align: center;">139,400</td> </tr> <tr> <td>YR3 +/-</td> <td style="text-align: center;">138,100</td> <td style="text-align: center;">142,200</td> </tr> <tr> <td>YR4 +/-</td> <td style="text-align: center;">139,500</td> <td style="text-align: center;">145,000</td> </tr> <tr> <td>YR5 +/-</td> <td style="text-align: center;">140,900</td> <td style="text-align: center;">147,900</td> </tr> </tbody> </table>	Episodes	1% / yr	2% / yr	YR2 +/-	136,700	139,400	YR3 +/-	138,100	142,200	YR4 +/-	139,500	145,000	YR5 +/-	140,900	147,900
Episodes	1% / yr	2% / yr														
YR2 +/-	136,700	139,400														
YR3 +/-	138,100	142,200														
YR4 +/-	139,500	145,000														
YR5 +/-	140,900	147,900														

	YR10 +/-	148,100	163,300	<p><i>Source: Service specification proposition section 3.1</i></p> <p>Historically radiotherapy episodes have increased at an overall rate of less than 1% over the last 10 years. The modelling has been undertaken for the next 10 years assumes 1% and 2% growth in line with cancer incidence. However, this would be an unprecedented level of annual increase.</p>				
<b>A3 Activity</b>								
A3.1 What is the purpose of new service specification?	<p><b><u>Revision to an existing published service specification</u></b>          *PSSAG (Prescribed Specialised Services Advisory Group)</p> <p>Please specify:          Defines a new clinical and service model following a service review</p>							
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	<p>134,000</p> <p><i>Source: National Radiotherapy Dataset</i></p> <p><b>External Beam Radiotherapy Activity 2015/16</b></p> <table border="0" data-bbox="1115 1173 1556 1257"> <tr> <td>Episodes</td> <td>Attendances</td> </tr> <tr> <td>133,288</td> <td>1,884,357</td> </tr> </table>				Episodes	Attendances	133,288	1,884,357
Episodes	Attendances							
133,288	1,884,357							

A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?

134,000  
*Source: National Radiotherapy Dataset*

The service model will not change the overall activity delivered in England. However, it could affect some providers, either negatively or positively, based on the clinical model which includes population and minimum case volumes.

The impact of changes in clinical practice and technology over the next 5–10 years is also expected to significantly affect the activity projections associated with these changes and, therefore, the number of machines required in the future.

It is likely that there will be further use of hypofractionated delivery, i.e., in the treatment of early breast cancer together with the potential for the use of SABR to treat some prostate cancers which would reduce treatment from 20 fractions to 5. This is particularly important because, in general, the average number of fractions associated with an episode of care is likely to reduce. Therefore, it is possible that although the number of episodes may increase as the number of cancers diagnosed increases, the activity associated with the growing patient cohort will remain relatively unchanged or reduce.

**A4 Patient Pathway**

A4.1 **Patient pathway**  
Describe the current patient pathway and service.

NHS England is the sole commissioner of radiotherapy services which include all use of this treatment modality. This means that NHS England commissions: brachytherapy and intra-operative radiotherapy and any associated outpatient activity. In addition, the service includes all provision of stereotactic radiosurgery / radiotherapy. However, this Service Specification relates to the delivery of External Beam Radiotherapy for adults. Radiotherapy is part of an overall cancer management and

	<p>treatment pathway. Decisions on the overall treatment plan should relate back to a multi-disciplinary team (MDT) discussion and decision It is often used on its own or as part of a treatment plan including surgery or chemotherapy, or both and is beneficial in the treatment of a broad range of different clinical conditions and cancer patient groups. NHS England has contracts with 52 providers to deliver radiotherapy.</p> <p><i>Source: Service Specification, Section 1</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>Services are accessed by referral from a secondary care Hospital Consultant. For the delivery of radiotherapy to treat cancer, most referrals will be made by a Consultant Clinical Oncologist, following at least one MDT discussion.</p> <p><i>Source: Service Specification, Section 1</i></p>
<p>A4.3 What percentage of the total eligible population are:</p> <ul style="list-style-type: none"> <li>a) Referred</li> <li>b) Meet any existing criteria for care</li> <li>c) Considered to meet any existing exclusion criteria</li> </ul>	<p><b>Not applicable</b></p> <ul style="list-style-type: none"> <li>a) enter %</li> <li>b) enter %</li> <li>c) enter %</li> </ul> <p><i>Source: Radiotherapy Clinical Reference Group</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> <li>a) Be referred to the proposed service</li> <li>b) Be eligible for care according to the proposed criteria for the service</li> <li>c) Take up care according to the proposed criteria for the service</li> <li>d) Continue care according to the proposed criteria for the service?</li> </ul>	<p><b>Not applicable</b></p> <p>The Service Specification sets out a requirement for Radiotherapy providers to form Radiotherapy Networks, aligned to Cancer Alliances and Cancer Vanguard (where they exist). This is to enable the ambitions set out within 'A Vision for Radiotherapy, 2014-2024' (NHS England, Cancer Research UK, 2014) to be fulfilled at pace. From April 2018, eleven Radiotherapy Networks will be established. The network service model is based on partnerships between radiotherapy providers within a 3-6m</p>



	<p>population geography that is aligned to existing cancer patient pathways. The clinical model will ensure that the vast majority of patients will continue to have their radiotherapy delivered locally by integrated subspecialist expert teams. The Radiotherapy Network Board should:</p> <ul style="list-style-type: none"> <li>• Agree the members of the network subspecialist team for each tumour site. Each consultant clinical oncologist will be responsible for at least approximately 25-50 cases of radical radiotherapy per year for the less common cancers. These thresholds will differ for the rare cancers (there is already a requirement for these treatments to be concentrated in fewer experienced centres) or common cancers,</li> <li>• Ensure that each network subspecialist Clinical Oncology team harnesses the expertise from constituent providers within the networked service geography;</li> <li>• Ensure that radical radiotherapy treatments are delivered by providers treating sufficient tumour specific cancer patient numbers to generate at least 50-100 radical radiotherapy treatments per year to maintain expertise and competence</li> </ul> <p><i>Source: National Radiotherapy Dataset &amp; Service Specification Proposition, Section 2</i></p>
<p>A4.5 Specify the nature and duration of the proposed new service or intervention.</p>	<p><b><u>Time limited</u></b></p> <p>Radiotherapy is a key component of cancer care that is given to a patient in accordance with an agreed treatment schedule which will outline the numbers of fractions required to be given. It is sometimes that case that the same patient may well be treated at a later date with further radiotherapy, however, this will also be given in an agreed number of fractions. This is why the treatment is described as ‘time-limited’.</p> <p><i>Source: Service Specification Proposition, Section 2</i></p>

## A5 Service Setting

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

*Select all that apply:*

Emergency/Urgent care attendance	<input type="checkbox"/>
Acute Trust: inpatient	<input checked="" type="checkbox"/>
Acute Trust: day patient	<input 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"/>

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

NORTH	9
MIDLANDS & EAST	18
LONDON	8
SOUTH	17

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

**No**

Whilst some Networks will redesign care pathways for some rarer and less common cancers, the treatment setting is not proposed to change. Treatment setting in this context means the type of location that the service can be delivered and this remains as stated in A5.1.

*Source: Service Specification Proposition, Section 2*

**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 checked="" type="checkbox"/>

\*\*If National Return, Clinical database or other selected, please specify:  
Radiotherapy Dataset

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

Select all that apply:

OPCS v4.8	<input type="checkbox"/>
ICD10	<input type="checkbox"/>
Service function code	<input type="checkbox"/>
Main Speciality code	<input type="checkbox"/>
HRG	<input checked="" type="checkbox"/>
SNOMED	<input type="checkbox"/>
Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>

A6.3 Identification Rules for Drugs:  
How are any drug costs captured?

**Not applicable**

If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply:

**Not applicable**

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:

**Not applicable**

A6.4 Identification Rules for Devices:  
How are device costs captured?

**Not applicable**

If device(s) covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance)

	<p>for all that apply:</p> <p><b>Not applicable</b></p> <p>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.</p> <p><b>Not applicable</b></p>
<p><b>A6.5 Identification Rules for Activity:</b> How are activity costs captured?</p>	<p><b><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></b></p> <p>If activity costs are already captured please specify the specialised service code and description (eg NCBPS01C Chemotherapy).</p> <p><b>NCBPS01R Radiotherapy</b></p> <p>If activity costs are already captured please specify whether this service needs a separate code.</p> <p><b><u>No</u></b></p> <p>If the activity is captured but the service line needs amendment please specify whether the proposed amendments have been documented and agreed with the Identification Rules team.</p> <p><b>Not applicable</b></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. <b><u>No</u></b>
<b>A7 Monitoring</b>	
<b>A7.1 Contracts</b> 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.	<b><u>None</u></b>  Please specify:  No change is proposed to the current arrangements
<b>A7.2 Business intelligence</b> Is there potential for duplicate reporting?	<b><u>No</u></b>  If yes, please specify mitigation:  Not applicable
<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:  Not applicable
<b>A7.4 Dashboard reporting</b> Specify whether a dashboard exists for the proposed service?	<b><u>Yes</u></b> If yes, specify how routine performance monitoring data will be used for dashboard reporting.

	<p>If no, will one be developed?</p> <p>The dashboard is currently under revision – when this is completed, it will be re-introduced.</p>
<p><b>A7.5 NICE reporting</b></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><b><u>No</u></b></p> <p>If yes, specify how performance monitoring data will be used for this purpose.</p> <p>Not applicable</p>
<p><b>Section B - Service Impact</b></p>	
<p><b>B1 Service Organisation</b></p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc)</p>	<p>There are 52 contracted radiotherapy centres in England and the service is accessed by tertiary referral.</p> <p><i>Source: National Radiotherapy Dataset &amp; Service Specification Proposition, Section 1</i></p>
<p>B1.2 Will the specification change the way the commissioned service is organised?</p>	<p><b><u>No</u></b></p> <p>Please specify:</p> <p>The service will continue to be tertiary and it is expected that there will continue to be 52 providers.</p> <p><i>Source: Service Specification Proposition, Section 2</i></p>

B1.3 Will the specification require a new approach to the organisation of care?

**Implement a new model of care**

Please specify:

The Service Specification Proposition proposed the creation of 11 Radiotherapy Networks, aligned to Cancer Alliances and the Cancer Vanguard. Each of the 52 Radiotherapy Providers will be required to be a member of a single Network. The purpose of the Radiotherapy Networks is to foster greater partnership working and through this to increase access to innovative techniques and clinical trials, standardise how treatment is delivered, improve workforce resilience and improve service and equipment efficiency and utilisation. *The final number and configuration of networks will be determined following public consultation on the proposals.*

**B2 Geography & Access**

B2.1 Where do current referrals come from?

*Select all that apply:*

GP	<input type="checkbox"/>
Secondary care	<input checked="" type="checkbox"/>
Tertiary care	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

Via Cancer MDTs

B2.2 What impact will the new service specification have on the sources of referral?

**No impact**

Please specify:



	<p>Access to radiotherapy is by tertiary referral and there is no access from primary care. Therefore, the current referral arrangements are unchanged as a result of the revised Service Specification.</p>
<p>B2.3 Is the new service specification likely to improve equity of access?</p>	<p><b><u>Increase</u></b></p> <p>Please specify:</p> <p>The Service Specification Proposition sets out arrangements to increase access to innovative radiotherapy techniques, clinical trials and standardised treatment protocols. Therefore, the revised specification will support an improvement in equity of access to innovative treatments.</p> <p><i>Source: Equalities Impact Assessment</i></p>
<p>B2.4 Is the new service specification likely to improve equality of access and/or outcomes?</p>	<p><b><u>Increase</u></b></p> <p>Please specify:</p> <p>The networks are expected to deliver:</p> <ul style="list-style-type: none"> <li>• Improved access to modern, innovative radiotherapy techniques, enabling more patients to benefit from cutting-edge technology and treatments;</li> <li>• Improved experience of care as patients will be managed by an experienced multi-professional tumour specific subspecialist team able to provide holistic care to patients;</li> <li>• Increased participation in research and clinical trials, up to 15% more patients will be treated within a clinical trial framework over 3 years, aiding faster development of new treatments for patients;</li> <li>• Reduced variation in quality by reducing mortality and morbidity from adverse side effects; and</li> <li>• Reduced variation in equipment utilisation in England through changing operating arrangements, clinical practice and equipment replacement; an average 15% increase in equipment utilisation for England as a whole is expected over the next 3 year period aligned to the equipment</li> </ul>

	<p>modernisation programme.</p> <p><i>Source: Service Specification Proposition, Section 2</i></p>
<p><b>B3 Implementation</b></p>	
<p>B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?</p>	<p><b><u>Service organisation action</u></b></p> <p>Please specify:</p> <p>In addition, there may be a need to support further, more local, public involvement and consultation duties, together with actions to change contracts to reflect any and all pathway redesign.</p>
<p><b>B3.2 Time to implementation:</b> Is a lead-in time required prior to implementation?</p>	<p><b><u>Yes</u></b></p> <p>If yes, specify the likely time to implementation: Implementation is expected to take between 12 and 18 months dependent on the nature and extent of service redesign required. Some areas will be able to progress more quickly than others.</p>
<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></p> <p>If yes, outline the plan:</p> <p>A guide to the implementation process will be made available to providers and Cancer Alliances to support the development of a local implementation plan. Implementation is expected to be supported by Cancer Alliances, supported by local NHS England Commissioning Teams.</p>

<p>B3.4 Is a change in provider physical infrastructure required?</p>	<p><b><u>No</u></b>  Please specify:    No change is required.</p>
<p>B3.5 Is a change in provider staffing required?</p>	<p><b><u>Yes</u></b>  Please specify:    This may be required in some cases, however, this is dependent on local service redesign arrangements.</p>
<p>B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?</p>	<p><b><u>Yes</u></b>  Please specify:    The radiotherapy network board should:</p> <ul style="list-style-type: none"> <li>• Agree the members of the network subspecialist team for each tumour site. Each consultant clinical oncologist will be responsible for at least approximately 25-50 cases of radical radiotherapy per year for the less common cancers. These thresholds will differ for the rare cancers (there is already a requirement for these treatments to be concentrated in fewer experienced centres) or common cancers, see table 2 below.</li> <li>• Ensure that each network subspecialist Clinical Oncology team harnesses the expertise from constituent providers within the networked service geography.</li> <li>• Ensure that radical radiotherapy treatments are delivered by providers treating sufficient tumour specific cancer patient numbers to generate at least 50-100 radical radiotherapy treatments per year to maintain expertise and competence.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure the multiprofessional expertise from all constituent providers is harnessed.</li> </ul> <p>Where there are insufficient patient numbers per year for all providers in the network to meet the requirements outlined above, the providers must evidence an agreement in place that clearly defines:</p> <ul style="list-style-type: none"> <li>• the arrangements defining which providers will subspecialise in each tumour-specific clinical area;</li> <li>• the cohort and number of patients to be treated at each delivery site; and</li> <li>• the role and progression towards a partnership working within multi-professional teams.</li> </ul>
<p>B3.7 Are there changes in the support services that need to be in place?</p>	<p><b><u>No</u></b></p> <p>Please specify:</p> <p>Arrangements for transport and hotel / hostel accommodation may need be reviewed, subject to applicable national and local policy. It will be important for each Network to understand the arrangements across the Network and for each Provider within the Network to ensure that consistent arrangements are put in place that reflect patient needs appropriately.</p>
<p>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p><b><u>Yes</u></b></p> <p>Please specify:</p> <p>Radiotherapy should not be seen in isolation but part of a fully integrated cancer service. It should be shaped to support the range of co-located cancer services underpinned by the appropriate subspecialist multi-professional team. In this way, the hospital services are shaped</p>

appropriately to serve the wider network population needs rather than the local catchment population defining the services for its local hospital.

In order to achieve collective population-based oversight of individual tumour sites across the networked service by the sub-specialist teams each network will be governed through a Radiotherapy Network Board, hosted and supported by a constituent provider and chaired by the lead Cancer Alliance (where the radiotherapy network spans more than 1 Cancer Alliance) with accountability via for the Cancer Alliance(s) governance structures and linked to STP arrangements. Professional leads from the 3 main specialisms (RT Physics, Radiography and Clinical Oncology) from each of the providers will form an equal and balanced representation on the Radiotherapy network board **to determine the operational shape and delivery** in accordance with a national operational framework.

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

**No change**

*Please complete the table:*

Region	Current no. of providers	Future State expected range	Provisional or confirmed
North	9	9	<u>C</u>
Midlands & East	17	17	<u>C</u>
London	12	12	<u>C</u>
South	14	14	<u>C</u>
Total	52	52	<u>C</u>

Please specify:

The Service Specification Proposition does not alter the number of radiotherapy providers required to support the delivery of the service. Source: Service Specification Proposition, Appendix B & National Radiotherapy dataset.

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 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:

The Service Specification will be implemented in partnership with providers, Cancer Alliances and NHS England's local commissioning teams.

**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:

As stated in the Prescribed Services Manual, there are currently no plans to alter the current commissioning arrangements for this service.

**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"/>
<b>Activity</b>	Paid entirely by National Tariffs	<input type="checkbox"/>
	Paid entirely by Local Tariffs	<input type="checkbox"/>
	Partially paid by National Tariffs	<input checked="" type="checkbox"/>
	Partially paid by Local Tariffs	<input checked="" 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></p> <p>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.</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>	Not applicable	
<p><b>C1.3 Device Costs</b></p> <p>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.</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>	Not applicable	
<p><b>C1.4 Activity Costs covered by National Tariff</b></p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	Radiotherapy is covered by unbundled HRG codes beginning “SC” separated into 2 sections – 1 covering Planning Sessions and the other covering Fractions	
<p><b>C1.5 Other Activity Costs not Covered by National or Local Tariff</b></p> <p>Include descriptions and estimates of all key costs.</p>	There are a small number of radiotherapy treatments, still under the “SC” chapter of HRGs, which have local prices.	
<p>C1.6 Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p><b>No</b></p> <p>Please specify: This is not applicable to radiotherapy services.</p>	
<p><b>C2 Average Cost per Patient</b></p>		



C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?

YR1	£2,800
YR2	£2,800
YR3	£2,800
YR4	£2,800
YR5	£2,800

Based on 2015/16 reference costs and 134,000 episodes

Are there any changes expected in year 6-10 which would impact the model?

No.

If yes, please specify:

**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.

**Cost neutral**

Please specify:

The Service Specification Proposition is considered to be cost neutral because it does not impact on the total activity delivered. However, there may be a minimal cost pressure for NHS England relating to the impact of differential market forces factor (MFF) rates for activity moving within Radiotherapy Networks as part of pathway redesign. At this stage, the impact of this is estimated to be approximately £45,000.

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?	No change of commissioner as Radiotherapy is already fully commissioned by NHS England.
<b>C4 Overall cost impact of this service specification to the NHS as a whole</b>	
C4.1 Specify the budget impact of the proposal on other parts of the NHS.	<p>Budget impact for CCGs: <b><u>No impact on CCGs</u></b></p> <p>Budget impact for providers: <b><u>Cost neutral</u></b></p> <p>Please specify: There may be financial implications for some individual providers where activity may be reduced as a result of implementing the clinical model. However, a key role of the Networks is to ensure efficient utilisation of capacity within a network. It is therefore considered likely that overall pathway changes will balance out – maximising the use of available capacity and thereby minimising the impact on individual providers within Networks.</p>
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<p><b><u>Cost neutral</u></b></p> <p>Please specify: The Service Specification Proposition does not affect the number of patients requiring radiotherapy treatment. This is the main driver of</p>

	expenditure in this service.
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>No</b> Please specify: The service is wholly commissioned by NHS England.
<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?	No material financial risks as the activity anticipated to move between providers within networks is relatively low.
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?	The overall activity is not anticipated to change as a result of the new service specification
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?

### **There is no published evidence of cost-effectiveness**

Please specify:

Radiotherapy is a core component of modern cancer care, cost effectiveness &/or affordability is more usually looked at in relation to the development of NHS England clinical commissioning policy or NICE Technology Appraisals.

C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?

*Select all that apply:*

Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input type="checkbox"/>
Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>
Available clinical practice data suggests the new service specification has the potential to improve value for money	<input type="checkbox"/>
Other data has been identified	<input type="checkbox"/>
No data has been identified	<input checked="" type="checkbox"/>
The data supports a high level of certainty about the impact on value	<input type="checkbox"/>
The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>

Please specify:

The only change as a result of the service specification is the movement of activity within provider networks, so does not impact on value for money.

## C8 Non-Recurrent Costs

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

**Yes**

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

The non-recurrent costs relate to implementation support costs. It is expected that these costs will be absorbed by Cancer Alliances and local NHS England commissioning teams because these relate to clinical and non-clinical staff time. Radiotherapy modernisation is already identified as a priority for NHS England and Cancer Alliances.

If the costs is to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.

**Not applicable**

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).

Not applicable.