Integrated Impact Assessment Report for Service Specifications			
Service Specification Reference Number	1641 1643		
Service Specification Title	Small bowel transplantation service (Adults) Small bowel transplantation service (Paediatrics) Proposal **for routine commission** (source A3.1)		
Lead Commissioner	Sarah Watson	**Clinical Lead**	Professor Peter Friend Dr Girish Gupte
Finance Lead	Keith Moulds	**Analytical Lead**	Rob Konstant-Hambling

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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.

Primary indications for adult intestinal transplant include depletion of central venous access sites, multiple episodes of catheter related sepsis, electrolyte disturbance, dehydration, and progressive cholestatic liver failure. Approximately 20 adults and 10 children are on the waiting list for a small bowel transplant at any one time. In children transplant is considered for patients with life threatening complications of bowel (intestinal) failure which may be caused by Short bowel syndrome, motility disorders and mucosal disorders.

Source: Service Specification Proposition section 3.2

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

The following describes the one- and five-year adult and paediatric patient survival rates following first elective small bowel transplantation between 1 April 2007 and 31 March 2017, by transplant centre.

Adult patients

Centre	Number of transplants		1-year survival (95% CI) Unadjusted
Cambridge	62	81.5	(69.0-89.3)
Oxford	35	79.2	(61.2-89.6)
TOTAL	**97**	**80.7**	**(71.0-87.4)**

Centre	Number of Transplants		5-year survival (95% CI) Unadjusted
Cambridge	62	55.6	(37.8-70.2)
Oxford	35	59.8	(35.7-77.3)
TOTAL	**97**	**57.4**	**(43.5-69.1)**

Paediatric patients

Centre	Number of transplants	1-year survival (95% CI)

	Birmingham 43 83.7 (68.9-91.9) King's College 15 93.3 (61.3-99.0) **TOTAL 58 86.1 (74.2-92.8)** **Centre / Number of transplants / 5-year survival (95% CI)** Birmingham 43 54.4 (37.4-68.6) King's College 15 71.1 (39.8-88.1) **TOTAL 58 58.8 (44.2-70.8)** From the survival data it can be estimated that at 5 years there would be 78 follow up patients, 46 adults, 22 children. The NHS England data extract has identified 68 patients, 46 adults, 22 children so this figure has been used as the basis of the impact assessment and financial model. In 17/18 there were 14 adult transplants done and 8 paediatric. As is usual for such a small volume service the year on year activity shows some variability. *Source:* NHS BT Annual Report on Intestine Transplantation 2016/2017
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	**All ages** Please specify Service specifications
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria	The demographic characteristics of the paediatric intestine transplant recipient registrations in the 10 year period show that 60% of these recipients were male and the median age for recipients was 4 years old. The demographic characteristics of the adult intestine transplant recipient registrations in the 10 year period show that 50% of these recipients were male and the median age for recipients was 45 years old. *Source: NHS BT Annual Report on Intestine Transplantation 2016/2017* Please specify

<table>
<tr><td></td><td>Click here to enter text.</td></tr>
<tr><td>A1.5 How is the population currently distributed geographically?</td><td><u>Evenly</u>
If unevenly, estimate regional distribution by %:
<table><tr><td>North</td><td>enter %</td></tr><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>Source: Service specification proposition section 6
Please specify
NHS BT Annual Report on Intestine Transplantation 2016/2017</td></tr>
<tr><td colspan="2">A2 Future Patient Population & Demography</td></tr>
<tr><td>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?</td><td><u>Constant</u>

If other, Click here to enter text.
Source: Service specification proposition section 3.1</td></tr>
<tr><td>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</td><td><u>No</u>
Please specify
Click here to enter text.
Source: Service specification proposition section 6/other</td></tr>
<tr><td>A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed</td><td><table><tr><td>YR2 +/-</td><td>0</td></tr><tr><td>YR3 +/-</td><td>0</td></tr></table></td></tr>
</table>

<table>
<tr><td>service specification commissioning criteria, per year in years 2-5 and 10?

Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</td><td><table><tr><td>YR4 +/-</td><td>0</td></tr><tr><td>YR5 +/-</td><td>0</td></tr><tr><td>YR10 +/-</td><td>0</td></tr></table>Source: Service specification proposition section 3.1

There are factors to increased intestinal failure in adults however the limiting factor for transplantation is the availability of organs.

Not applicable</td></tr>
<tr><td colspan="2">A3 Activity</td></tr>
<tr><td>A3.1 What is the purpose of new service specification?</td><td><u>Revision to an existing published service specification</u>
Please specify
The service specification describes the service as currently provided including an update with regard to NHS England’s policy on ongoing immunosuppression, transition of patients from paediatric to adult services and patient follow up.
When the service established service funding was agreed to provide 1 year follow up for patients as part of the transplant service. The redrafted specification changes that responsibility to be clear the transplant centres have lifelong clinical responsibility for patient management.
The specifications detail the requirements to ensure patients follow a planned transition pathway. These transition pathways have been developed in the last 2 years supported by hub funding for the Cambridge service which has allowed older patient (19 and 20 year olds) to transition out of the children’s services.</td></tr>
</table>

A3.2 What is the annual activity associated with the existing pathway for the eligible population?	c22 transplants per year (this is 1718 data, though there is year on year variability this is this level of activity is typical). 46 adult patients as at the point the data was submitted need lifelong follow up for small bowel transplant and 22 children. *Source: NHS BT Annual Report on Intestine Transplantation 2016/2017*
A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?	The financial model sets out a change to the long term funding of patients post 1 year follow up and is calculated based on 46 adults and 22 children. Follow up for new patients will also be included in the pathway. *Source: NHS BT Annual Report on Intestine Transplantation 2016/2017 section 11.2 and 11.1* *Data extract covering ICD10 codes G681/G688/G689 cross referenced against a list of transplant patients.*
A4 Patient Pathway	
A4.1 **Patient pathway** Describe the current patient pathway and service.	The key components of the service are: • pre-transplant assessment; • listing; • transplant; • management of complications; • post-surgical follow up • 1 year follow up *Source: A02/S(HSS)/b Small bowel transplantation service (Adult)* E03/S(HSS)/c Small bowel transplantation service - paediatrics
A4.2. What are the current service access and stopping criteria?	The access criteria are not changing; the egress criteria are currently to offer shared care after 1 year with financial responsibility transfer to the CCG after 3 months (including immunosuppressive drugs). The financial

	model has not considered the financial consequences of changes to immunosuppression, this is subject to separate work being done within NHS England. *Source: A02/S(HSS)/b Small bowel transplantation service (Adult) E03/S(HSS)/c Small bowel transplantation service - paediatrics*
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	If not known, please specify Click here to enter text. a) 100 b) 100 c) 100 *Source: required*
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 d) Continue care according to the proposed criteria for the service?	If not known, please specify Click here to enter text. a) 100 b) 100 c) 100 d) 86.1% 1 year survival 58.8% 5 year survival in children 80.7% 1 year survival 57.4% 5 year survival in adults *Source: required*
A4.5 Specify the nature and duration of the proposed new service or intervention.	**Life long** For time limited services, specify frequency and/or duration. Click here to enter text. *Source: required*
A5 Service Setting	
A5.1 How is this service delivered to the patient?	*Select all that apply:*

	<table><tr><td>Emergency/Urgent care attendance</td><td>☐</td></tr><tr><td>Acute Trust: inpatient</td><td>☒</td></tr><tr><td>Acute Trust: day patient</td><td>☒</td></tr><tr><td>Acute Trust: outpatient</td><td>☒</td></tr><tr><td>Mental Health provider: inpatient</td><td>☐</td></tr><tr><td>Mental Health provider: outpatient</td><td>☐</td></tr><tr><td>Community setting</td><td>☐</td></tr><tr><td>Homecare</td><td>☐</td></tr><tr><td>Other</td><td>☐</td></tr></table> Please specify: Click here to enter text.
A5.2 What is the current number of contracted providers for the eligible population by region?	<table><tr><td>NORTH</td><td>0</td></tr><tr><td>MIDLANDS & EAST</td><td>2</td></tr><tr><td>LONDON</td><td>1</td></tr><tr><td>SOUTH</td><td>1</td></tr></table>
A5.3 Does the proposition require a change of delivery setting or capacity requirements?	**No** Please specify: Click here to enter text. *Source: required*
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 *	☒
Patient level contract monitoring	☐
Patient level drugs dataset	☐
Patient level devices dataset	☐
Devices supply chain reconciliation dataset	☐
Secondary Usage Service (SUS+)	☒
Mental Health Services DataSet (MHSDS)	☐
National Return**	☐
Clinical Database**	☐
Other**	☒

**If National Return, Clinical database or other selected, please specify:
HSS provider information monthly submission

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

Select all that apply:

OPCS v4.8	☐
ICD10	☐
Service function code	☒
Main Speciality code	☐
HRG	☐
SNOMED	☐
Clinical coding / terming methodology used by clinical profession	☐

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: 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:
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) for all that apply: 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.
A6.5 **Identification Rules for Activity:** How are activity costs captured?	**Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool** If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy). **NCBPS12d** If activity costs are already captured please specify whether this service needs a separate code. **No** 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. If the activity is not captured please specify whether the proposed

	identification rules have been documented and agreed with the Identification Rules team.
A7 Monitoring	
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.	**None** Please specify Data flows according to HSS already in place
A7.2 **Business intelligence** Is there potential for duplicate reporting?	**Yes** If yes, please specify mitigation: Application of the HSS code to activity
A7.3 **Contract monitoring** Is this part of routine contract monitoring?	**No** If no, please specify contract monitoring requirement: Would be reported under usual HSS contract monitoring as activity labelled as HSS.
A7.4 **Dashboard reporting** Specify whether a dashboard exists for the proposed service?	**No** If yes, specify how routine performance monitoring data will be used for dashboard reporting. If no, will one be developed? No – activity and mortality are monitored through an agreed contract with

	NHS BT. Discussions have started concerning the collection of other outcome data including QoL for transplantation
A7.5 **NICE reporting** Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?	**No** If yes, specify how performance monitoring data will be used for this purpose.
Section B - Service Impact	
B1 Service Organisation	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	There are 2 adult centres and 2 paediatric transplant centres. Currently there is an inconsistent approach to how patients are being followed up. The specification changes are intended to clarify ongoing responsibility for the transplant centres to have long term responsibility for management of patients. *Source:* *required*
B1.2 Will the specification change the way the commissioned service is organised?	**Yes** Please specify: The transplant centres will be responsible for the long term care of patients post transplant *Source:* *required*
B1.3 Will the specification require a new approach to the organisation of care?	**Implement a new model of care** Please specify: The intention of the changes to the specification are to ensure the transition of patients within the national service is well managed and age appropriate and to formalise the model of care for patient follow up. All

<table>
<tr><td></td><td>transplant recipients require regular follow up post-operative care. Follow up must be patient focused and units should consider local shared care arrangements with blood tests and telephone follow up in addition to clinic visits.</td></tr>
<tr><td colspan="2">B2 Geography & Access</td></tr>
<tr><td>B2.1 Where do current referrals come from?</td><td>Select all that apply:
<table><tr><td>GP</td><td>☐</td></tr><tr><td>Secondary care</td><td>☐</td></tr><tr><td>Tertiary care</td><td>☒</td></tr><tr><td>Other</td><td>☐</td></tr></table>Please specify:
Click here to enter text.</td></tr>
<tr><td>B2.2 What impact will the new service specification have on the sources of referral?</td><td><u>No impact</u>
Please specify:
Click here to enter text.</td></tr>
<tr><td>B2.3 Is the new service specification likely to improve equity of access?</td><td><u>No impact</u>
Please specify:
Click here to enter text.
Source: Equalities Impact Assessment</td></tr>
<tr><td>B2.4 Is the new service specification likely to improve equality of access and/or outcomes?</td><td><u>Increase</u>
Please specify:</td></tr>
</table>

	The intention is to formalise the approach to the centre's responsibility for managing patient's long term and bring this into line with other transplant services, thereby improving long term outcomes for patients and appropriate drug therapies. Ensuring appropriate transiton plans are in place will improve patient care, in the past it has been difficult at times to transition patients from paediatric to adult services. *Source: Equalities Impact Assessment*
B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	**No action required** Please specify: Click here to enter text.
B3.2 **Time to implementation:** Is a lead-in time required prior to implementation?	**No - go to B3.4** If yes, specify the likely time to implementation: Enter text
B3.3 **Time to implementation:** If lead-in time is required prior to implementation, will an interim plan for implementation be required?	**No - go to B3.4** If yes, outline the plan: Click here to enter text.
B3.4 Is a change in provider physical infrastructure required?	**No** Please specify: Click here to enter text.
B3.5 Is a change in provider staffing required?	**No** Please specify: Click here to enter text.

<table>
<tr><td>B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?</td><td><u>No</u>
Please specify:
Click here to enter text.</td></tr>
<tr><td>B3.7 Are there changes in the support services that need to be in place?</td><td><u>No</u>
Please specify:
Click here to enter text.</td></tr>
<tr><td>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</td><td><u>No</u>
Please specify:
There will continue to be interprovider relationships to ensure clear management of follow up of patients Routine follow-up is intended to identify and manage any emerging problems relating to the transplant. Shared care may be initiated with the referrer..</td></tr>
<tr><td>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</td><td><u>No change</u>
Please complete the table:
<table>
<tr><th>Region</th><th>Current no. of providers</th><th>Future
State expected range</th><th>Provisional or confirmed</th></tr>
<tr><td>North</td><td>0</td><td>0</td><td>C</td></tr>
<tr><td>Midlands & East</td><td>2</td><td>2</td><td>C</td></tr>
<tr><td>London</td><td>1</td><td>1</td><td>C</td></tr>
<tr><td>South</td><td>1</td><td>1</td><td>C</td></tr>
<tr><td>Total</td><td>4</td><td>4</td><td>C</td></tr>
</table>
Please specify:</td></tr>
</table>

<table>
<tr><td></td><td>Published service specifications A02/S(HSS)/b Small bowel transplantation service (Adult) E03/S(HSS)/c Small bowel transplantation service - paediatrics</td></tr>
<tr><td>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</td><td>Select all that apply:
<table><tr><td>Publication and notification of new service specification</td><td>☒</td></tr><tr><td>Market intervention required</td><td>☐</td></tr><tr><td>Competitive selection process to secure increase or decrease provider configuration</td><td>☐</td></tr><tr><td>Price-based selection process to maximise cost effectiveness</td><td>☐</td></tr><tr><td>Any qualified provider</td><td>☐</td></tr><tr><td>National Commercial Agreements e.g. drugs, devices</td><td>☐</td></tr><tr><td>Procurement</td><td>☐</td></tr><tr><td>Other</td><td>☐</td></tr></table>Please specify:
Click here to enter text.</td></tr>
<tr><td colspan="2">B4 Place-based Commissioning</td></tr>
<tr><td>B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)</td><td><u>No</u>
Please specify:
Click here to enter text.</td></tr>
</table>

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:

Drugs	Not separately charged – part of local or national tariffs	☐
	Excluded from tariff – pass through	☒
	Excluded from tariff - other	☐
Devices	Not separately charged – part of local or national tariffs	☐
	Excluded from tariff (excluding ZCM) – pass through	☐
	Excluded from tariff (excluding ZCM) – other	☐
	Via Zero Cost Model	☐
Activity	Paid entirely by National Tariffs	☐
	Paid entirely by Local Tariffs	☒
	Partially paid by National Tariffs	☐
	Partially paid by Local Tariffs	☐
	Part/fully paid under a Block arrangement	☐
	Part/fully paid under Pass-Through arrangements	☐
	Part/fully paid under Other arrangements	☐

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.

Immunosuppression – the funding of these drugs is subject to an ongoing work stream by NHS England that started in 2014, repatriation of ongoing responsibility from CCGs to NHS England. Some progress has been made for some transplant services in some parts of the country.

NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	
C1.3 **Device Costs** 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. NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	Not applicable
C1.4 **Activity Costs covered by National Tariff** List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Not applicable
C1.5 **Activity Costs covered by Local Tariff** 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.	The data extract is based on treatment received by the transplant cases.In the data extract there are 55 day case HRG's , 15 elective and 76 non elective and within out patients there are 28 TFC's
C1.6 **Other Activity Costs not covered by National or Local Tariff** Include descriptions and estimates of all key costs.	Not applicable
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	**No** Please specify: Click here to enter text.
C2 Average Cost per Patient	

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

Are there any changes expected in year 6-10 which would impact the model?</td><td><table><tr><td>YR1</td><td>£6.6k</td></tr><tr><td>YR2</td><td>£6.6k</td></tr><tr><td>YR3</td><td>£6.6k</td></tr><tr><td>YR4</td><td>£6.6k</td></tr><tr><td>YR5</td><td>£6.6k</td></tr></table>
If yes, please specify:
Additional follow up patients</td></tr>
<tr><td colspan="2">C3 Overall Cost Impact of this Service specification to NHS England</td></tr>
<tr><td>C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.</td><td><u>Cost pressure</u>
Please specify:
The costs of small bowel transplants treatments not covered by NHSE over the last 3 years is c£453k for treating an average of 64 patients.</td></tr>
<tr><td>C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.</td><td>Not applicable</td></tr>
<tr><td>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?</td><td>The costs incurred by CCG’s has been analysed over the last 5 years to identify the relevant CCG also the data has been analysed so that we know where each patient had their transplant</td></tr>
<tr><td colspan="2">C4 Overall cost impact of this service specification to the NHS as a whole</td></tr>
<tr><td>C4.1 Specify the budget impact of the proposal on other parts of the</td><td>Budget impact for CCGs:</td></tr>
</table>

NHS.	**Cost saving** Budget impact for providers: **Cost neutral** Please specify: No impact on each of the four providers in total there may be switches between providers
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	**Cost neutral** Please specify: The service specification does not change the level of activity or prices charged
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?	**No** 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.	CPAG Prioritisation Funding. It is suggested that the costs within CCG's could be transferred to NHSE if this is not possible then prioritisation is sought
C6 Financial Risks Associated with Implementing this Service specification	

C6.1 What are the material financial risks to implementing this service specification?	The risk is the additional costs to NHSE are based on actual activity over time whether post transplant costs increase per patient. This is not expected to happen.
C6.2 How can these risks be mitigated?	Patient numbers are small and any growth will be limited so risk is minimal. Contract mechanisms could be put in place to deal with outlier episodes of care.
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	Patient level data has been reviewed so real life episode scenarios have been modelled.
C6.4 What scenario has been approved and why?	
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: NHS England has committed to supporting solid organ transplantation and growth in transplantation as a service strategy. In fact the number of small bowel transplants that are done each year is very small and stable, there is however cumulative growth in numbers of survivors and therefore numbers of patients to be followed up.
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 ☐

	Available pricing data suggests the service is lower cost compared to current/comparator treatment ☐ Available clinical practice data suggests the new service specification has the potential to improve value for money ☐ Other data has been identified ☐ No data has been identified ☒ The data supports a high level of certainty about the impact on value ☐ The data does not support a high level of certainty about the impact on value ☐
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: If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.
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.