Integrated Impact Assessment Report for Clinical Commissioning Policies

Reference Number	A02/S(HSS)/a		
Title	Liver Transplantation service (Adults)		
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Finance Lead	Robert Cornell	**Analytical Lead**	Jay Emin
Section K - Activity Impact			
Theme	**Questions**		**Comments** (Include source of information and details of assumptions made and any issues with the data)
K1 Current Patient Population & Demography / Growth	K 1.1 What is the prevalence of the disease/condition?		Eligibility for an elective transplant is set out in criteria agreed by consensus at the Liver Advisory Group of NHS Blood and Transplant. The criteria are set to match the availability of donated organs, but in general require that patients have chronic liver disease and are likely to die within 12 months unless transplanted.

	K1.2 What is the number of patients eligible for this treatment under currently routinely commissioned care arrangements?	In 2014/15 1642 patients were assessed by the liver transplant services. 800 patients received a transplant.
	K1.3 What age group is the treatment indicated for?	Adult patients (aged≥17 years)
	K1.4 Describe the age distribution of the patient population taking up treatment?	The median age of a transplant recipient in 14/15 was 56 (48,62)(IQR)
	K1.5What is the current activity associated with currently routinely commissioned care for this group?	In 2014/15 1642 patients were assessed by the liver transplant services. 800 patients received a transplant.
	K1.6 What is the projected growth of the disease/condition prevalence (prior to applying the new policy) in 2, 5, and 10 years	NHS BT have a strategy to increase organ donation each year to 2020, with the consequent increase in liver transplant numbers as follows: 2015/16 55 2016/17 110 2017/18 155
	K1.7 What is the associated projected growth in activity (prior to applying the new policy) in 2,5 and 10 years	The changes to the service specification would not change the eligibility for the service so numbers would not change as a result of a change to the specification.

<table>
<tr>
<td></td>
<td>K1.8 How is the population currently distributed geographically?</td>
<td>NHS BT has done a review of residency of patients on the liver transplant list and their registration to transplant centres, 1 April 2010 – 31 March 2013
<table>
<tr><th>English SHA</th><th>No. transplants</th><th>No. transplants pmp</th></tr>
<tr><td>North East</td><td>36</td><td>13.8</td></tr>
<tr><td>North West</td><td>75</td><td>10.6</td></tr>
<tr><td>Yorkshire and the Humber</td><td>53</td><td>10.0</td></tr>
<tr><td>East Midlands</td><td>48</td><td>10.6</td></tr>
<tr><td>West Midlands</td><td>88</td><td>15.7</td></tr>
<tr><td>East of England</td><td>68</td><td>11.6</td></tr>
<tr><td>London</td><td>100</td><td>12.2</td></tr>
<tr><td>South East Coast</td><td>53</td><td>11.8</td></tr>
<tr><td>South Central</td><td>41</td><td>9.8</td></tr>
<tr><td>South West</td><td>63</td><td>11.9</td></tr>
<tr><td>TOTAL</td><td>625</td><td>11.8</td></tr>
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<td>K2 Future Patient Population & Demography</td>
<td>K2.1 Does the new policy: move to a non-routine commissioning position / substitute a currently routinely commissioned treatment / expand or restrict an existing treatment threshold / add an additional line / stage of treatment / other?

K2.3 Please describe any factors likely to affect growth in the patient population for this intervention (e.g. increased disease prevalence, increased survival)

K 2.3 Are there likely to be changes in</td>
<td>The service specification described the service as currently provided plus updates with regard to NHS England policy on ongoing immunosuppression.

There are factors to increased liver disease however the limiting factor for transplantation is the availability of organs.

Change in numbers will depend on</td>
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	geography/demography of the patient population and would this impact on activity/outcomes? If yes, provide details K2.4 What is the resulting expected net increase or decrease in the number of patients who will access the treatment per year in year 2, 5 and 10?	availability of organs. Projected figures: 2014/15 – 800 transplants Additional to 2020 2015/16 55 2016/17 110 2017/18 155 + shortfall in NHSBT's planning figures of 16 2019/20 1136
K3 Activity	K3.1 What is the current annual activity for the target population covered under the new policy? Please provide details in accompanying excel sheet K3.2 What will be the new activity should the new / revised policy be implemented in the target population? Please provide details in accompanying excel sheet K3.3 What will be the comparative activity for the 'Next Best Alternative' or 'Do Nothing' comparator if policy is not adopted? Please details in accompanying excel sheet	Transplant activity as follows, this will not change as a result of the specification changes being adopted or not. April 2014-March 2015 Super-urgent Elective Newcastle 30 5 Leeds 95 10 Cambridge 77 10 Royal Free 75 13 King's College 170 25 Birmingham 171 23 Edinburgh 88 8 TOTAL 706 94
K4 Existing Patient Pathway	K4.1 If there is a relevant currently routinely commissioned treatment, what is the current patient pathway? Describe or include a figure to outline associated activity.	Transplantation is the current pathway In 2014/15 1572 patients were assessed by the liver transplant services. 800 patients received a transplant.

	K5. What are the current treatment access criteria?	The numbers given are for patients that proceed to transplant. In 14/15 1572 patients were assessed for transplantation by the service.
	K6 What are the current treatment stopping points?	On 31 March 2015, there were 611 patients on the UK active transplant list, which represents an 11% increase in the number of patients a year earlier. The number of patients on the transplant list has doubled since March 2008. Of those patients joining the elective liver only waiting list, approximately 76% had received a transplant within two years of listing. The risk-adjusted national rates of patient survival after joining the transplant list for adult elective first liver only patients is 81% at one, 68% at five and 57% at ten years post-registration.
K5 Comparator (next best alternative treatment) Patient Pathway	K5.1 If there is a 'next best' alternative routinely commissioned treatment what is the current patient pathway? Describe or include a figure to outline associated activity.	Medical management of patients.
	K5.2 Where there are different stopping points on the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or	See above

	number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	
K6 New Patient Pathway	K6.1 Describe or include a figure to outline associated activity with the patient pathway for the proposed new policy K6.2 Where there are different stopping points on the pathway please indicate how many patients out of the number starting the pathway would be expected to finish at each point (e.g. expected number dropping out due to side effects of drug, or number who don't continue to treatment after having test to determine likely success). If possible please indicate likely outcome for patient at each stopping point.	The pathway isn't new and is long established. In 14/15 1572 patients were assessed for transplantation. 800 patients were transplanted. 1 year post transplant survival is 80% 5 year is 80%. One year survival from listing is 81%, 5 year 68% and 10 year 57%.
K7 Treatment Setting	K7.1How is this treatment delivered to the patient? K7.2 Is there likely to be a change in delivery setting or capacity requirements, if so what? *e.g. service capacity*	Acute Trust: Inpatient Ongoing monitoring in tertiary centre and provision of immunosuppression at home. No change in delivery model anticipated.
K8 Coding	89.1 In which datasets (e.g. SUS/central data collections etc.) will activity related to the new patient pathway be recorded? K8.2 How will this activity related to the new patient pathway be identified?(e.g. ICD10 codes/procedure	Data is recorded in the UK Transplant Registry. Also activity returns directly to the HSS team. Z48.23 Encounter for aftercare following

	codes)	liver transplant Z94.4 Liver transplant status
K9 Monitoring	K9.1 Do any new or revised requirements need to be included in the NHS Standard Contract Information Schedule? If so, these must be communicated to CTownley@nhs.net, ideally by end of October to inform following year's contract	Would need to be included.
	K9.2 If this treatment is a drug, what pharmacy monitoring is required?	Not applicable
	K9.3 What analytical information /monitoring/ reporting is required?	A process for activity monitoring in line with all HSS would be put in place
	K9.4 What contract monitoring is required by supplier managers? What changes need to be in place?	Activity reports would be submitted to supplier managers as for all HSS
	K9.5 Is there inked information required to complete quality dashboards and if so is it being incorporated into routine performance monitoring?	This service would not be included in a quality dashboard and outcome data would be reported separately
	K9.6 Are there any directly applicable NICE quality standards that need to be monitored in association with the new policy?	No
	K9.7 Do you anticipate using Blueteq or other equivalent system to guide access to treatment? If so, please outline. *See also linked question in M1*	No

Section L - Service Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
L1 Service Organisation	L1.1 How is this service currently organised (i.e. tertiary centres, networked provision) L1.2 How will the proposed policy change the way the commissioned service is organised?	Tertiary centres No change for pre-transplant and transplant. In February 2014 NHS England published Specialised Services Circular (SSC) no. 1405 - Repatriation of patients receiving immunosuppressive drugs post-transplant to specialist centres. This SSC explained how the prescribing of immunosuppressant drugs to patients following solid organ transplantation would be returned to specialist centres. In addition, there would be opportunities to move to prescribing generic forms of some immunosuppressant drugs instead of the branded versions. This service specification update brings the specification into line with NHS England agreed policy on the prescribing of immunosuppression.
L2 Geography & Access	L2.1 Where do current referrals come from?	K1.8 describes the current split of patients on the transplant list.

	L2.2 Will the new policy change / restrict / expand the sources of referral?	No
	L2.3 Is the new policy likely to improve equity of access?	No
	L2.4 Is the new policy likely to improve equality of access / outcomes?	The changes to the ongoing immunosuppression have been agreed to improve the ongoing management of patients as well as reduce costs by moving to generic prescribing.
L3 Implementation	L3.1 Is there a lead in time required prior to implementation and if so when could implementation be achieved if the policy is agreed?	There are issues to be addressed with the move to transplant centre prescribing of ongoing immunosuppression. Hub pharmacists are addressing this change and have been for some time since the change in NHS England policy.
	L3.2 Is there a change in provider physical infrastructure required?	No
	L3.3 Is there a change in provider staffing required?	There are some changes required to support the pharmacy requirements, different arrangements are being agreed in hubs according to local need and circumstances.
	L3.4 Are there new clinical dependency / adjacency requirements that would need to be in place?	No additional.

	L3.5 Are there changes in the support services that need to be in place?	No
	L3.6 Is there a change in provider / inter-provider governance required? (e.g. ODN arrangements / prime contractor)	No
	L3.7 Is there likely to be either an increase or decrease in the number of commissioned providers?	No
	L3.8 How will the revised provision be secured by NHS England as the responsible commissioner (e.g. publication and notification of new policy, competitive selection process to secure revised provider configuration)	No revised provision.
L4 Collaborative Commissioning	L4.1 Is this service currently subject to or planned for collaborative commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements)?	No
Section M - Finance Impact		
Theme	**Questions**	**Comments** (Include source of information and details of assumptions made and any issues with the data)
M1 Tariff	M1.1 Is this treatment paid under a national prices*, and if so which?	
	M1.2 Is this treatment excluded from national prices?	

	M1.3 Is this covered under a local pricearrangements (if so state range), and if so are you confident that the costs are not also attributable to other clinical services? M1.4 If a new price has been proposed how has this been derived / tested? How will we ensure that associated activity is not additionally / double charged through existing routes M1.5 is VAT payable (Y/N) and if so has it been included in the costings? M1.6 Do you envisage a prior approval / funding authorisation being required to support implementation of the new policy?	
M2 Average Cost per Patient	M2.1 What is the revenue cost per patient in year 1? M2.2 What is the revenue cost per patient in future years (including follow up)?	
M3 Overall Cost Impact of this Policy to NHS England	M3.1 Indicate whether this is cost saving, neutral, or cost pressure to NHS England? M3.2 Where this has not been identified, set out the reasons why this cannot be measured?	
M4 Overall cost impact of this policy to theNHS as a whole	M4.1 Indicate whether this is cost saving, neutral, or cost saving for other parts of the NHS (e.g. providers, CCGs)	

	M4.2 Indicate whether this is cost saving, neutral, or cost pressure to the NHS as a whole? M4.3 Where this has not been identified, set out the reasons why this cannot be measured? M4.4 Are there likely to be any costs or savings for non NHS commissioners / public sector funders?	
M5 Funding	M5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified	*e.g. decommissioning less clinically or cost-effective services*
M6 Financial Risks Associated with Implementing this Policy	M6.1 What are the material financial risks to implementing this policy? M6.2 Can these be mitigated, if so how? M6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios	
M7 Value for Money	M7.1 What evidence is available that the treatment is cost effective? M7.2 What issues or risks are associated with this assessment?	NHS BT has produced a paper on the cost effectiveness of solid organ transplantation. National service funded at c£48m excluding ongoing immunosuppression.but including the

		adult live liver donation programme.
M8 Cost Profile	M8.1 Are there non-recurrent capital or revenue costs associated with this policy? M8.2 If so, confirm the source of funds to meet these costs.	*e.g. Transitional costs, periodical costs*