

Integrated Impact Assessment Report for Clinical Commissioning Policies			
Service Specification Reference Number	1632		
Service Specification Title	Neurosciences – Specialised Neuropsychiatry & Neuropsychology (Adults) for routine commission (ref A3.1)		
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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.

Neuropsychiatry services include services provided by Specialist Neuropsychiatry Centres or teams within a neuroscience centre. This includes assessment and treatment for patients with:

- Neurological diseases and associated severe psychiatric symptoms; or
- Severe and disabling neurological symptoms without identified neurological cause.

This applies to provision in adults

England is served by a network of 24 neuroscience units covering populations of between 1.0 and 3.5 million. Neuropsychiatry and neuropsychology units are an integral part of regional clinical neuroscience centre. Larger centres offer a comprehensive range of adult services. Rare and complex disorders may be managed at a supra-regional level by units with specialist expertise.

All the sources of epidemiological evidence are remarkably consistent pointing towards approximately 40-60% of neurosciences patients having some neuropsychiatric comorbidity. Furthermore, adult mental health services encounter organic presentations in a significant proportion of patients (approx. 10%) which require neuropsychiatric and/or neuropsychological assessment and treatment.

Source: Service Specification section 3.2

A1.2 Number of patients currently eligible for the treatment according to the proposed Service Specification commissioning criteria.	In neurosurgery: In-patient hospital spells are reaching 1400/million population in larger units and operative caseload is typically 1000 cases/million population.  In neurology:		
A1.3 Age group for which the treatment is proposed according to the Service Specification commissioning criteria.	Adults Click here to enter text.		
A1.4 Age distribution of the patient population eligible according to the proposed Service Specification commissioning criteria	Source: Service Specification		
A1.5 How is the population currently distributed geographically?	Evenly		
	If unevenly, estimate	regional distrib	oution by %:
	North	enter %	]
	Midlands & East	enter %	]
	London	enter %	]
	South	enter %	]
	Source: Service Spec	ification	-
	There is no known evidence of differences in geographical distribution England for people requiring Neuropsychiatry and neuropsychology.		
A2 Future Patient Population & Demography			
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?	Increasing It is anticipated that Neuropsychiatry and neuropsychology activity has been increasing in line with neuroscience activity steadily at annual growth rates of 2-5%. However due to lack of details as to how this is coded this is		

	difficult to confirm.		
	Source: Service Specification Working Group		
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	No Source: Service Specification Working Group		
A2.3 Expected net increase or decrease in the number of patients	YR2 +/- 0		
who will be eligible for the service, according to the proposed service specification commissioning criteria, per year in years 2-5	YR3 +/- 0		
and 10?	YR4 +/- 0		
	YR5 +/- 0		
	YR10 +/- 0		
Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.	Source: Service specification section  Yes		
A3 Activity			
A3.1 What is the purpose of new Service Specification?	Other  Provide service specification document for a service already commissioned by NHS England in accordance with 'The Manual' but without a published specification The service specification describes how neuropsychiatry and neuropsychology services are provided within a neuroscience centre.		

A3.2 What is the annual activity associated with the existing pathway for the eligible population?	Specialised neuropsychiatry and neuropsychology services work alongside other neuroscience disciplines such as neurology and neurosurgery, in providing comprehensive care to patients, often through interdisciplinary working. Referrals are most commonly received from consultants in neurosciences disciplines and mental health.  Source: Service Specification Working Group
A3.3 What is the estimated annual activity associated with the proposed Service Specification pathway for the eligible population?	No change – see A3.2 Source: Service Specification Working Group Please specify
A3.4 What is the estimated annual activity associated with the next best alternative comparator pathway for the eligible population? If the only alternative is the existing pathway, please state 'not applicable' and move to A4.	There is no other treatment option for this group of patients.  Source: Service Specification Working Group
A4 Patient Pathway	
A4.1 Existing pathway: Describe the current patient pathway and service	No change in current pathway for treatment. Referrals are usually made whilst these patients are inpatients in a neuroscience unit or as an outpatient appointment during a follow up.  A tiered model.  Tier 1 specialised neuropsychiatry services are developed at all Regional Neurosciences Centres and link with Tier 1 neurosciences and the Tier 2 and Tier 3 non-specialised services provided at a local level.

	Tier 2 outpatient neuropsychology, neuropsychiatry and specialised liaison neuropsychiatry will be provided with close links to the local neuroscience services and Tier 3 non-specialised services.
	Tier 1 and 2 services may be collocated or provided by the same personnel but are commissioned differently. Tier 2 liaison psychiatry services may provide neuropsychiatry in the absence of a specific neuropsychiatry service. The structure of Tier 2 neuropsychiatry will depend on the local configuration and service history.
A4.2. What are the current service access and stopping criteria?	Tier 1 specialised neuropsychiatry services will accept referrals from:
	1. Consultants in neuroscience disciplines including rehabilitation, Tier 2 neuropsychiatry or neuropsychology services and Tier 3 services including Consultant Child and Adolescent psychiatrists discharging their patients with neuropsychiatric or neuropsychological needs as part of a specific transitional care arrangement.
	Source: Service Specification, Service Specification Working Group
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 Data is hard to capture as the majority of inpatient referrals will be within the neuroscience inpatients spell and not identified, or it will be as an outpatient Source: Service Specification Working Group .
A5 Service Setting	
A5.1 How is this treatment delivered to the patient?	Select all that apply:

	Emergency/Urgent care atter	ndance 🗆		
	Acute Trust: inpatient	$\boxtimes$	]	
	Acute Trust: day patient	$\boxtimes$		
	Acute Trust: outpatient	$\boxtimes$		
	Mental Health provider: inpati	ient 🗵		
	Mental Health provider: outpa	atient 🖂		
	Community setting			
	Homecare			
	Other			
	Please specify: Neuroscience centre.			
A5.2 What is the current number of contracted providers for the eligible population by region?		Neuroscience Centres	Mental health	
	NORTH 8	8		
	MIDLANDS & EAST 5	5		
	LONDON	6	1	
	SOUTH	5		

A5.3 Does the proposition require a change of delivery setting or capacity requirements?	No Source: Service Specification Working Group			
A6 Coding				
A6.1 Specify the datasets used to record the new patient pathway	Select all that apply:			
activity.	Aggregate Contract Monitoring *	$\boxtimes$		
*expected to be populated for all commissioned activity	Patient level contract monitoring	$\boxtimes$		
	Patient level drugs dataset			
	Patient level devices dataset			
	Devices supply chain reconciliation dataset			
	Secondary Usage Service (SUS+)	$\boxtimes$		
	Mental Health Services DataSet (MHSDS)			
	National Return**			
	Clinical Database**			
	Other**			
	**If National Return, Clinical database or other	selected,	please specify:	
A6.2 Specify how the activity related to the new patient pathway will	Select all that apply:			
be identified.	OPCS v4.8	$\boxtimes$		

	ICD10	$\boxtimes$	
	Treatment function code	$\boxtimes$	
	Main Speciality code	$\boxtimes$	
	HRG	$\boxtimes$	
	SNOMED		
	Clinical coding / terming methodology used by clinical profession		
A6.3 Identification Rules for Drugs: How are drug costs captured?	Not applicable		
AC A Identification Bules for Boules of	Mat and Paul Ia		
A6.4 Identification Rules for Devices: How are device costs captured?	Not applicable		

	Outpatient activity is also diffi	cult to identify.
A7 Monitoring		
A7.1 <b>Contracts</b> Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.	collected from centres to help	ication of the specification information will be identify activity and analyse where funding is ablish where there is variation in activity and
A7.2 Excluded Drugs and Devices (not covered by the Zero	Select all that apply:	
Cost Model)  For treatments which are tariff excluded drugs or devices not	Drugs or Device MDS	
covered by the Zero Cost Model, specify the pharmacy or device	Blueteq	
monitoring required, for example reporting or use of prior approval systems.	Other prior approval	
	Please specify: Click here to	enter text.
A7.3 Business intelligence	<u>No</u>	
Is there potential for duplicate reporting?	If yes, please specify mitigation	on:
	Click here to enter text.	
A7.4 Contract monitoring	Yes	

Is this part of routine contract monitoring?	Reporting of activity via SUS with activity using NCBPS08S
A7.5 <b>Dashboard reporting</b> Specify whether a dashboard exists for the proposed intervention?	Yes dashboard to be published alongside service specification Click here to enter text.
A7.6 NICE reporting Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new Service Specification?	<u>No</u>
Section B	- Service Impact
B1 Service Organisation	
B1.1 Describe how the service is currently organised? (I.e. tertiary centres, networked provision etc.)	Neuropsychiatry and neuropsychology is organised within one of the 24 Neuroscience centres.  Source: Service Specification
B1.2 Will the specification change the way the commissioned service is organised?	No Source: Service Specification Working Group
B1.3 Will the specification require a new approach to the organisation of care?	No

B2 Geography & Access		
B2.1 Where do current referrals come from?		
	GP	
	Secondary care	
	Tertiary care	
	Other	
	Emergency departments	
B2.2 What impact will the new Service Specification have on the sources of referral?	No impact	
B2.3 Is the new Service Specification likely to improve equity of access?	No impact Please specify: Source: Equalities Impact Ass	sessment
B2.4 Is the new Service Specification likely to improve equality of access and/or outcomes?	No impact Please specify:	
	Source: Equalities Impact Ass	sessment
B3 Implementation		
B3.1 Will commissioning or provider action be required before implementation of the specification can occur?	No action required	

	Please specify: The specification adds further clarification to the current published specification and updates this
B3.2 <b>Time to implementation:</b> Is a lead-in time required prior to implementation?	No - go to B3.4  If yes, specify the likely time to implementation:
B3.3 <b>Time to implementation:</b> If lead-in time is required prior to implementation, will an interim plan for implementation be required?	No - go to B3.4 : Click here to enter text.
B3.4 ls a change in provider physical infrastructure required?	<u>No</u>
B3.5 Is a change in provider staffing required?	No See above
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	No Please specify:
B3.7 Are there changes in the support services that need to be in place?	No Please specify:
B3.8 Is there a change in provider and/or inter-provider governance	<u>No</u>

required? (e.g. ODN arrangements / prime contractor)	Please specif	y:			
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	Increase Please complete table: Not applicable				
	Region	Current no. of providers	Future State expected range	Provisional or confirmed	
	North	8	8	<u>C</u>	
	Midlands & East	5	5	<u>P</u>	
	London	6	6	<u>C</u>	
	South	5	5	<u>C</u>	
	Total	24	24	<u>C</u>	
	Please specif Not applicable	•			
B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	Select all that apply:				
	Publication a Specification	$\boxtimes$			
	Market interv				
	Competitive selection process to secure increase or decrease provider configuration			r 🗆	
	Price-based selection process to maximise cost effectiveness				
	Any qualified	provider		$\boxtimes$	

No Please specify:			
Click here to enter text.			
; T 🖂			
3			

		Via Zero Cost Model	
		Paid entirely by National Tariffs	
	Activity	Paid entirely by Local Tariffs	
		Partially paid by National Tariffs	$\boxtimes$
		Partially paid by Local Tariffs	$\boxtimes$
		Part/fully paid under a Block arrangement	
		Part/fully paid under Pass-Through arrangements	
		Part/fully paid under Other arrangements	
C1.2 Drug Costs		nt activity spend on Neuropsychiatry and neuropsycholog as approximately £381.8m (Inclusive of MFF).	y in
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.  NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.			
C1.3 <b>Device Costs</b> 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.  NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	Not applica	ble	
C1.4 Activity Costs covered by National Tariffs	1. No (	change unknown at present. Further work post publication	

List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	
C1.5 Activity Costs covered by Local Tariff	WFO1A
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.	WFO1B
C1.6 Other Activity Costs not covered by National or Local Tariff	Not applicable
Include descriptions and estimates of all key costs.	
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	No Please specify:
C2 Average Cost per Patient	
C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?	Not applicable: unknown as part of neurology admission episode
Are there any changes expected in year 6-10 which would impact	Due to the lack of complete information on patient activity and costs, at this point we not able to forecast the estimated expenditure on 5 or 10 year basis.

the model?	As a first step, we recommend collecting better cost and activity information during 2019/20 that will enable us to understand the variation and shortfall in capacity. Costs estimates and better activity information could then be used to make informed commissioning decisions for the subsequent contracting rounds and will be presented to SCOG in due course.  If yes, please specify:  No		
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.	It is not expected to change the current commissioned pathway for Neuropsychiatry and neuropsychology.  Please specify: There will be no increase in provider costs as a direct result of adopting the new service specifications. The specifications do not introduce new interventions to the current pathway of care nor do they require NHS England to fund any capital developments.		
C4 Overall cost impact of this Service Specification to the NHS as a whole			
C4.1 Specify the budget impact of the proposal on other parts of the	Budget impact for CCGs:		

NHS.	Cost neutral The revision/ update to the service specification is not expected to change the current commissioned pathway for neuropsychiatry.  Budget impact for providers: No impact on providers Please specify:
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: Cost neutral as updating current service specification.
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:
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.	Not applicable

C6.1 What are the material financial risks to implementing this Service Specification?	Not applicable		
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		
C6.4 What scenario has been approved and why?	Not applicable		
C7 Value for Money			
C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence review?	Published evidence indicates the treatment has the potential to b cost-effective Please specify: NICE- TAs listed within the specification	<u>e</u>	
C7.2 Has other data been identified through the service	Select all that apply:		
specification development relevant to the assessment of value for money?	Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment	$\boxtimes$	
<b>,</b>	compared to current comparator treatment		

	Available clinical practice data suggests the new treatment 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	
	Please specify:	
C8 Cost Profile		
C8.1 Are there non-recurrent capital or revenue costs associated with this Service Specification?	No If yes, specify type and range:	
C8.2 If yes, confirm the source of funds to meet these costs.		_