

Integrated Impact Assessment Report for Service Specifications

Service Specification Reference Number	URN 1706		
Service Specification Title	Auditory brainstem implant with congenital abnormalities of the auditory nerves or cochleae Proposal <u>for routine commission</u> (source A3.1)		
Lead Commissioner	Nicola Symes	Clinical Lead	Shakeel Saeed
Finance Lead	Peter Davis	Analytical Lead	Jacqueline Low

Integrated Impact Assessment – Index

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About this Impact Assessment: instructions for completion and explanatory notes

- Each section is divided into themes.
- Each theme sets out a number of questions.
- All questions are answered by selecting a drop down option or including free text.
- Free text boxes are provided to enable succinct relevant commentary to be added which explains the rationale for response or assumption. Please limit responses to 3 sentences of explanatory text.
- Data in this document is either drawn from one of the relevant service specification documents or a source for the information is provided.
- Where assumptions are included where data is not available, this is specified.

Section A - Activity Impact

A1 Current Patient Population & Demography / Growth

A1.1 Prevalence of the disease/condition.	Children aged under five years or under, with profound deafness, who have no functional hearing as a result of congenital abnormalities affecting the auditory nerve or the cochleae, thus rendering them unable to gain adequate benefit from conventional well-fitted hearing aids or cochlear implants <i>Source: Service Specification Proposition section 3.1</i>				
A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.	15 <i>Source: Clinical Consensus based on clinical indications</i> Please specify Click here to enter text.				
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	<u>Children</u> Please specify Children aged 5 and under				
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria	Children aged 5 and under <i>Source: Service Specification Proposition section 3.1</i> Please specify Click here to enter text.				
A1.5 How is the population currently distributed geographically?	<u>Evenly</u> If unevenly, estimate regional distribution by %: <table border="1"> <tr> <td>North</td><td>enter %</td></tr> <tr> <td>Midlands & East</td><td>enter %</td></tr> </table>	North	enter %	Midlands & East	enter %
North	enter %				
Midlands & East	enter %				

	<table border="1"> <tr> <td data-bbox="965 97 1312 153">London</td> <td data-bbox="1312 97 1476 153">enter %</td> </tr> <tr> <td data-bbox="965 153 1312 209">South</td> <td data-bbox="1312 153 1476 209">enter %</td> </tr> </table>	London	enter %	South	enter %	<p><i>Source: Service specification proposition section 6</i></p> <p>Please specify</p> <p>Click here to enter text.</p>						
London	enter %											
South	enter %											
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?	<p><u>Constant</u></p> <p>If other, Click here to enter text.</p> <p><i>Source: Service specification proposition section 3.1</i></p>											
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	<p><u>No</u></p> <p>Please specify</p> <p>Click here to enter text.</p> <p><i>Source: Service specification proposition section 6/other</i></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?	<table border="1"> <tr> <td data-bbox="965 984 1218 1040">YR2 +/-</td> <td data-bbox="1218 984 1476 1040">0</td> </tr> <tr> <td data-bbox="965 1040 1218 1096">YR3 +/-</td> <td data-bbox="1218 1040 1476 1096">0</td> </tr> <tr> <td data-bbox="965 1096 1218 1152">YR4 +/-</td> <td data-bbox="1218 1096 1476 1152">0</td> </tr> <tr> <td data-bbox="965 1152 1218 1208">YR5 +/-</td> <td data-bbox="1218 1152 1476 1208">0</td> </tr> <tr> <td data-bbox="965 1208 1218 1264">YR10 +/-</td> <td data-bbox="1218 1208 1476 1264">0</td> </tr> </table> <p><i>Source: Service specification proposition section 3.1</i></p> <p><u>Yes</u></p> <p>Are these numbers in line with ONS growth assumptions</p>		YR2 +/-	0	YR3 +/-	0	YR4 +/-	0	YR5 +/-	0	YR10 +/-	0
YR2 +/-	0											
YR3 +/-	0											
YR4 +/-	0											
YR5 +/-	0											
YR10 +/-	0											

for the age specific population? If not please justify the growth assumptions made.	There is not expected to be annual growth in the number of children meeting the criteria for this service.
A3 Activity	
A3.1 What is the purpose of new service specification?	<p><u>Provide service specification for a new service approved to be commissioned by NHS England for the first time in accordance with PSSAG / other recommendation</u></p> <p>*PSSAG (Prescribed Specialised Services Advisory Group)</p> <p>Please specify</p> <p>Routine clinical commissioning policy approved December 2016</p> <p>https://www.england.nhs.uk/wp-content/uploads/2016/12/clin-comm-pol-16062P.pdf</p>
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	<p>0</p> <p>Source: <i>Clinical Consensus</i></p> <p>Please specify</p> <p>Click here to enter text.</p>
A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?	<p>15 assessments ; 9 surgical procedures</p> <p>Source: <i>Clinical Consensus</i></p> <p>Click here to enter text.</p>
A4 Patient Pathway	
A4.1 Patient pathway Describe the current patient pathway and service.	Children (aged 5 or under) would normally be referred to this highly specialised service by a local auditory implant centre, where, following initial assessment, they

	<p>are considered unlikely to gain adequate benefit from conventional well-fitted hearing aids or cochlear implants</p> <p><i>Source: Service Specification section 2.1 / Clinical Consensus</i></p>
A4.2. What are the current service access and stopping criteria?	<p>Following referral, all children will undergo further comprehensive assessment by a specialist multi-disciplinary team to assess suitability for auditory brainstem implantation. For children who meet the suitability criteria, the service will provide appropriate surgical auditory brainstem implantation. If, following a multi-disciplinary team assessment, it is determined that a child is not suitable for an auditory brainstem implant, the service will ensure that parents/carers and the referrer are provided with the information and advice prior to discharge from the service</p> <p><i>Source: Service Specification / Clinical Consensus</i></p>
<p>A4.3 What percentage of the total eligible population are:</p> <ul style="list-style-type: none"> a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria 	<p>If not known, please specify Not known – new service</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % <p><i>Source: Click here to enter text.</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> a) Be referred to the proposed service b) Be eligible for care according to the proposed criteria for the service c) Take up care according to the proposed criteria for the service d) Continue care according to the proposed criteria for the service? 	<p>If not known, please specify Not known – new service</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) <p><i>Source: required</i></p>
A4.5 Specify the nature and duration of the proposed new	<u>Life long</u>

service or intervention.

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:

Emergency/Urgent care attendance	<input type="checkbox"/>
Acute Trust: inpatient	<input checked="" type="checkbox"/>
Acute Trust: day patient	<input type="checkbox"/>
Acute Trust: outpatient	<input checked="" type="checkbox"/>
Mental Health provider: inpatient	<input type="checkbox"/>
Mental Health provider: outpatient	<input type="checkbox"/>
Community setting	<input type="checkbox"/>
Homecare	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

[Click here to enter text.](#)

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

NORTH	0
MIDLANDS & EAST	0
LONDON	0
SOUTH	0

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

yes

Please specify: The new service will require selected centres to be able to demonstrate that they have the required capacity to fulfil the requirements of this service. However, patient numbers are expected to be low volume, so impact on total workload within those selected centres will be limited.

Source Clinical Consensus

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 type="checkbox"/>
Patient level drugs dataset	<input type="checkbox"/>
Patient level devices dataset	<input type="checkbox"/>
Devices supply chain reconciliation dataset	<input type="checkbox"/>
Secondary Usage Service (SUS+)	<input type="checkbox"/>
Mental Health Services DataSet (MHSDS)	<input type="checkbox"/>
National Return**	<input type="checkbox"/>
Clinical Database**	<input type="checkbox"/>
Other**	<input checked="" type="checkbox"/>

**If National Return, Clinical database or other selected, please specify: Monitoring via Highly Specialised Services data returns

<p>A6.2 Specify how the activity related to the new patient pathway will be identified.</p>	<p>Select all that apply:</p> <table border="1"> <tr> <td>OPCS v4.8</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>ICD10</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service function code</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Main Speciality code</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HRG</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>SNOMED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Clinical coding / terming methodology used by clinical profession</td> <td><input type="checkbox"/></td> </tr> </table>	OPCS v4.8	<input checked="" type="checkbox"/>	ICD10	<input 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"/>
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HRG	<input checked="" type="checkbox"/>														
SNOMED	<input type="checkbox"/>														
Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>														
<p>A6.3 Identification Rules for Drugs: How are any drug costs captured?</p>	<p><u>Not applicable</u></p> <p>If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply: Click here to enter text.</p> <p>If drug(s) NOT already been specified in the current NHS England Drug List please give details of action required and confirm that this has been discussed with the pharmacy lead: Click here to enter text.</p>														
<p>A6.4 Identification Rules for Devices: How are device costs captured?</p>	<p><u>Already covered by an existing category of HCTED and commissioned via the Zero Cost Model</u></p> <p>If device(s) covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance) for all that apply: Bone Anchored Hearing Aids</p> <p>If device(s) not excluded from Tariff nor covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team.</p>														

	Click here to enter text.
A6.5 Identification Rules for Activity: How are activity costs captured?	<p><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy).</p> <p>NCBPS23M Paediatric Neurosurgery: A091 Implantation of Neurostimulator in to the Brain</p> <p>If activity costs are already captured please specify whether this service needs a separate code. <u>No</u></p> <p>If the activity is captured but the service line needs amendment please specify whether the proposed amendments have been documented and agreed with the Identification Rules team.</p> <p>Click here to enter text.</p> <p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the Identification Rules team.</p>
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.	<p><u>Yes - other</u></p> <p>Please specify</p> <p>Monitoring via Highly Specialised Services data returns</p>
A7.2 Business intelligence Is there potential for duplicate reporting?	<p><u>No</u></p> <p>If yes, please specify mitigation:</p>

	Click here to enter text.
A7.3 Contract monitoring Is this part of routine contract monitoring?	<u>Yes</u> If no, please specify contract monitoring requirement: Click here to enter text.
A7.4 Dashboard reporting Specify whether a dashboard exists for the proposed service?	<u>No</u> If yes, specify how routine performance monitoring data will be used for dashboard reporting. Click here to enter text. If no, will one be developed? No, patient numbers too small, but will be subject to clinical audit and outcome monitoring.
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?	<u>No</u> If yes, specify how performance monitoring data will be used for this purpose. Click here to enter text.
Section B - Service Impact	
B1 Service Organisation	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	Not applicable – new service <i>Source: required</i>
B1.2 Will the specification change the way the commissioned service is organised?	<u>Yes</u> Please specify:

	<p>New service to be commissioned</p> <p>Source: <i>required</i></p>								
B1.3 Will the specification require a new approach to the organisation of care?	<p><u>Implement a network model to support appropriate selection of treatment</u></p> <p>Please specify:</p> <p>Following provider selection, any designated centres will need to work collaboratively as part of a national network.</p>								
B2 Geography & Access									
B2.1 Where do current referrals come from?	<p>Select all that apply:</p> <table border="1"> <tr> <td>GP</td><td><input type="checkbox"/></td></tr> <tr> <td>Secondary care</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Tertiary care</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Other</td><td><input type="checkbox"/></td></tr> </table> <p>Please specify:</p> <p>Specialist Paediatric Audiology Implant Centres</p>	GP	<input type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>	Tertiary care	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
GP	<input type="checkbox"/>								
Secondary care	<input checked="" type="checkbox"/>								
Tertiary care	<input checked="" type="checkbox"/>								
Other	<input type="checkbox"/>								
B2.2 What impact will the new service specification have on the sources of referral?	<p><u>No impact</u></p> <p>Please specify:</p> <p>Children will already be known to Specialist Paediatric Audiology Implant Centres</p>								
B2.3 Is the new service specification likely to improve equity of access?	<p><u>Increase</u></p> <p>Please specify:</p> <p>Click here to enter text.</p> <p>Source: <i>Equalities Impact Assessment</i></p>								

B2.4 Is the new service specification likely to improve equality of access and/or outcomes?	<p><u>Increase</u> Please specify: Click here to enter text. Source: <i>Equalities Impact Assessment</i></p>
<p>B3 Implementation</p>	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<p><u>Provider selection action</u> Please specify: Click here to enter text.</p>
<p>B3.2 Time to implementation: Is a lead-in time required prior to implementation?</p>	<p><u>Yes - go to B3.3</u> If yes, specify the likely time to implementation: Subject to provider selection timetable</p>
<p>B3.3 Time to implementation: If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p><u>Yes</u> If yes, outline the plan: Interim arrangements currently in place following approval of clinical commissioning policy in December 2016. Provider Selection estimated to take 6 months from approval.</p>
B3.4 Is a change in provider physical infrastructure required?	<p><u>No</u> Please specify: Click here to enter text.</p>
B3.5 Is a change in provider staffing required?	<p><u>No</u> Please specify:</p>

	Click here to enter text.																								
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p>No</p> <p>Please specify:</p> <p>Click here to enter text.</p>																								
B3.7 Are there changes in the support services that need to be in place?	<p>No</p> <p>Please specify:</p> <p>Click here to enter text.</p>																								
B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<p>No</p> <p>Please specify:</p> <p>Click here to enter text.</p>																								
B3.9 Is there likely to be either an increase or decrease in the number of commissioned providers? If yes, specify the current and estimated number of providers required in each region	<p><u>Increase</u></p> <p><i>Please complete the table:</i></p> <table border="1"> <thead> <tr> <th>Region</th><th>Current no. of providers</th><th>Future State expected range</th><th>Provisional or confirmed</th></tr> </thead> <tbody> <tr> <td>North</td><td></td><td></td><td>select</td></tr> <tr> <td>Midlands & East</td><td></td><td></td><td>select</td></tr> <tr> <td>London</td><td></td><td></td><td>select</td></tr> <tr> <td>South</td><td></td><td></td><td>select</td></tr> <tr> <td>Total</td><td>0</td><td>2 - 3</td><td><u>P</u></td></tr> </tbody> </table> <p>Please specify:</p> <p>Subject to provider selection</p>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North			select	Midlands & East			select	London			select	South			select	Total	0	2 - 3	<u>P</u>
Region	Current no. of providers	Future State expected range	Provisional or confirmed																						
North			select																						
Midlands & East			select																						
London			select																						
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Total	0	2 - 3	<u>P</u>																						

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 type="checkbox"/>
Market intervention required	<input type="checkbox"/>
Competitive selection process to secure increase or decrease provider configuration	<input checked="" 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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Please specify:

[Click here to enter text.](#)

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:

[Click here to enter text.](#)

Section C - Finance Impact

C1 Tariff/Pricing

<p>C1.1 How is the service contracted and/or charged? Only specify for the relevant section of the patient pathway</p>	<p>Select all that apply:</p> <table border="1"> <tr> <td data-bbox="963 153 1117 328" rowspan="3">Drugs</td> <td data-bbox="1117 153 1933 212">Not separately charged – part of local or national tariffs</td> <td data-bbox="1933 153 2018 212"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 212 1933 271">Excluded from tariff – pass through</td> <td data-bbox="1933 212 2018 271"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 271 1933 328">Excluded from tariff - other</td> <td data-bbox="1933 271 2018 328"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="963 328 1117 568" rowspan="4">Devices</td> <td data-bbox="1117 328 1933 387">Not separately charged – part of local or national tariffs</td> <td data-bbox="1933 328 2018 387"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 387 1933 446">Excluded from tariff (excluding ZCM) – pass through</td> <td data-bbox="1933 387 2018 446"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 446 1933 505">Excluded from tariff (excluding ZCM) – other</td> <td data-bbox="1933 446 2018 505"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 505 1933 568">Via Zero Cost Model</td> <td data-bbox="1933 505 2018 568"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="963 568 1117 983" rowspan="7">Activity</td> <td data-bbox="1117 568 1933 627">Paid entirely by National Tariffs</td> <td data-bbox="1933 568 2018 627"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 627 1933 686">Paid entirely by Local Tariffs</td> <td data-bbox="1933 627 2018 686"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 686 1933 745">Partially paid by National Tariffs</td> <td data-bbox="1933 686 2018 745"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 745 1933 804">Partially paid by Local Tariffs</td> <td data-bbox="1933 745 2018 804"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 804 1933 863">Part/fully paid under a Block arrangement</td> <td data-bbox="1933 804 2018 863"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 863 1933 922">Part/fully paid under Pass-Through arrangements</td> <td data-bbox="1933 863 2018 922"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1117 922 1933 983">Part/fully paid under Other arrangements</td> <td data-bbox="1933 922 2018 983"><input type="checkbox"/></td> </tr> </table>	Drugs	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"/>	Devices	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"/>	Activity	Paid entirely by National Tariffs	<input checked="" type="checkbox"/>	Paid entirely by Local Tariffs	<input type="checkbox"/>	Partially paid by National Tariffs	<input type="checkbox"/>	Partially paid by Local Tariffs	<input type="checkbox"/>	Part/fully paid under a Block arrangement	<input type="checkbox"/>	Part/fully paid under Pass-Through arrangements	<input type="checkbox"/>	Part/fully paid under Other arrangements	<input type="checkbox"/>
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<p>C1.2 Drug Costs</p> <p>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.</p> <p>NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>	<p>Not applicable</p>																															

<p>C1.3 Device Costs</p> <p>Where not included in national or local tariff, list each element of the excluded device, quantity, list or expected price including VAT if applicable and any other key information.</p> <p>NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>	<p>Included in tariff</p>																						
<p>C1.4 Activity Costs covered by National Tariff</p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	<p>It is anticipated that up to 15 children may be referred annually for assessment, with up to 9 children continuing to surgery and follow-up.</p> <table><tr><th>HRG code</th><th>HRG name</th><th>Combined day case / ordinary elective spell tariff (£)</th></tr><tr><td>AA50D</td><td>Very Complex Intracranial Procedures, 18 years and under, with CC Score 12+</td><td>40,550</td></tr></table> <table><tr><th>Treatment function code</th><th>Treatment function description</th><th>WF01B First Attendance - Single Professional</th><th>WF01A Follow Up Attendance - Single Professional</th></tr><tr><td>215</td><td>Paediatric Ear Nose and Throat</td><td>120</td><td>61</td></tr></table> <table><tr><th>Treatment function code</th><th>Treatment function name</th><th>WF01B First Attendance - Single Professional</th><th>WF01A Follow Up Attendance - Single Professional</th></tr><tr><td>218</td><td>Paediatric Neurosurgery</td><td>238</td><td>141</td></tr></table>	HRG code	HRG name	Combined day case / ordinary elective spell tariff (£)	AA50D	Very Complex Intracranial Procedures, 18 years and under, with CC Score 12+	40,550	Treatment function code	Treatment function description	WF01B First Attendance - Single Professional	WF01A Follow Up Attendance - Single Professional	215	Paediatric Ear Nose and Throat	120	61	Treatment function code	Treatment function name	WF01B First Attendance - Single Professional	WF01A Follow Up Attendance - Single Professional	218	Paediatric Neurosurgery	238	141
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Treatment function code	Treatment function name	WF01B First Attendance - Single Professional	WF01A Follow Up Attendance - Single Professional																				
218	Paediatric Neurosurgery	238	141																				

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 it has been derived, validated and tested.	Not applicable											
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												
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?	As modelled clinical commissioning policy approved during December 2016 CPAG prioritisation <table border="1" data-bbox="965 959 1476 1230"> <tr> <td>YR1</td> <td>61,193</td> </tr> <tr> <td>YR2</td> <td>2,000</td> </tr> <tr> <td>YR3</td> <td>2,000</td> </tr> <tr> <td>YR4</td> <td>1,000</td> </tr> <tr> <td>YR5</td> <td>1,000</td> </tr> </table> If yes, please specify: Not applicable		YR1	61,193	YR2	2,000	YR3	2,000	YR4	1,000	YR5	1,000
YR1	61,193											
YR2	2,000											
YR3	2,000											
YR4	1,000											
YR5	1,000											

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.	<p><u>Cost neutral</u></p> <p>Please specify:</p> <p>Service specification proposition is in line with agreed published clinical commissioning policy approved during December 2016 CPAG prioritisation https://www.england.nhs.uk/wp-content/uploads/2016/12/clin-comm-pol-16062P.pdf</p>
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?	Not applicable
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 NHS.	<p>Budget impact for CCGs:</p> <p><u>No impact on CCGs</u></p> <p>Budget impact for providers:</p> <p><u>No impact on providers</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>

C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<u>Cost neutral</u> Please specify: Click here to enter text.
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?	<u>Unknown</u> 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.	Not applicable
C6 Financial Risks Associated with Implementing this Service specification	
C6.1 What are the material financial risks to implementing this service specification?	There are no significant financial risks associated with this specification, due to the financial and activity modelling completed and very low patient volumes.
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?	There will be a fixed local tariff associated with this service and small patient cohort, therefore the most likely total costs scenario has been calculated.

C6.4 What scenario has been approved and why?	Most likely scenario has been approved due to the small patient cohort suitable for treatment.															
C7 Value for Money																
C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?	<p><u>There is no published evidence of cost-effectiveness</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>															
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="965 603 2011 1216"> <tr> <td>Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Available pricing data suggests the service is lower cost compared to current/comparator treatment</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Available clinical practice data suggests the new service specification has the potential to improve value for money</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other data has been identified</td> <td><input type="checkbox"/></td> </tr> <tr> <td>No data has been identified</td> <td><input type="checkbox"/></td> </tr> <tr> <td>The data supports a high level of certainty about the impact on value</td> <td><input type="checkbox"/></td> </tr> <tr> <td>The data does not support a high level of certainty about the impact on value</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify:</p> <p>Click here to enter text.</p>		Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input checked="" 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 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"/>
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C8 Non-Recurrent Costs	
C8.1 Are there non-recurrent revenue costs associated with this service specification?	<p><u>No</u></p> <p>If yes, please specify and indicate whether these would be incurred or passed through to NHS England:</p> <p>Click here to enter text.</p> <p>If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.</p> <p>Choose an item.</p>
C8.2 Are there any non-recurrent provider capital costs associated with the service specification?	<p><u>No</u></p> <p>If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs).</p> <p>Click here to enter text.</p>