

## Integrated Impact Assessment Report for Clinical Commissioning Policies

|                                |  |                        |                |
|--------------------------------|--|------------------------|----------------|
| <b>Policy Reference Number</b> | 1674   |                        |                |
| <b>Policy Title</b>            | <b>Stereotactic ablative radiotherapy for small cell lung cancer and stage I-III non small cell primary lung cancer (excluding early stage non small cell lung cancer unsuitable for surgery)</b><br>Proposal <u>not for routine commission</u> (ref A3.1) |                        |                |
| <b>Lead Commissioner</b>       | Kim Fell   | <b>Clinical Lead</b>   | Nick Slevin    |
| <b>Finance Lead</b>            | Craig Charlton   | <b>Analytical Lead</b> | Craig Charlton |

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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 policy documents or a source for the information is provided.
- Where assumptions are included where data is not available, this is specified.

**Section A - Activity Impact**

**A1 Current Patient Population & Demography / Growth**

|  |  |
|--|--|
| <p>A1.1 Prevalence of the disease/condition.</p>   | <p>In 2014, there were over 41,000 people diagnosed with lung cancer in the UK. It is the third most common type of cancer and accounts for over 10% of all new cancer cases. Incidence rates for lung cancer are projected to fall by 7% in the UK between 2014 and 2035, to 88 cases per 100,000 people by 2035. In 2016, c5000 patients received conventional radial radiotherapy for lung cancer.</p> <p><i>Source: Policy Proposition section 6</i></p> |
| <p>A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.</p> | <p>N/A</p> <p><i>Source: required</i></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>   |
| <p>A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.</p>                    | <p><b><u>All ages</u></b></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>   |
| <p>A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria</p>      | <p>Lung Cancer is more likely to occur in older people with over 40% of new cancers being diagnosed in people over 75.</p> <p><i>Source: Policy Proposition</i></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>   |

A1.5 How is the population currently distributed geographically?

**Evenly**

If unevenly, estimate regional distribution by %:

|                 |         |
|-----------------|---------|
| North           | enter % |
| Midlands & East | enter % |
| London          | enter % |
| South           | enter % |

*Source: Policy Proposition section 6*

Please specify

[Click here to enter text.](#)

**A2 Future Patient Population & Demography**

A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new policy) in 2, 5, and 10 years?

**Increasing**

If other, [Click here to enter text.](#)

*Source: Policy Proposition section 6*

A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?

**Yes**

Please specify

Over the last decade, lung cancer incidence rates have increased by 4% in the UK, however this includes a decrease (8%) for males and an increase (18%) for females. Incidence rates for lung cancer are projected to fall by 7% in the UK between 2014 and 2035, to 88 cases per 100,000 people by 2035. (Cancer Research UK). Forecasts from ONS for England from 2014 to 2025 suggests that all persons, aged 40 and over is to increase by 11%

*Source: Policy Proposition section 6/other*

|  |   |         |    |         |    |         |     |         |     |          |     |  |
|--|---|---------|----|---------|----|---------|-----|---------|-----|----------|-----|--|
| <p>A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed service specification commissioning criteria, per year in years 2-5 and 10?</p> <p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p> | <table border="1"> <tr> <td>YR2 +/-</td> <td>52</td> </tr> <tr> <td>YR3 +/-</td> <td>87</td> </tr> <tr> <td>YR4 +/-</td> <td>121</td> </tr> <tr> <td>YR5 +/-</td> <td>153</td> </tr> <tr> <td>YR10 +/-</td> <td>305</td> </tr> </table> | YR2 +/- | 52 | YR3 +/- | 87 | YR4 +/- | 121 | YR5 +/- | 153 | YR10 +/- | 305 | <p><i>Source: Service specification proposition section 3.1</i></p> <p><b>No</b></p> <p>The overall growth is a combination of the ONS predicted population growth less the anticipated reduction in incidence over the next 10 years.</p> |
| YR2 +/-  | 52  |         |    |         |    |         |     |         |     |          |     |  |
| YR3 +/-  | 87  |         |    |         |    |         |     |         |     |          |     |  |
| YR4 +/-  | 121   |         |    |         |    |         |     |         |     |          |     |  |
| YR5 +/-  | 153   |         |    |         |    |         |     |         |     |          |     |  |
| YR10 +/-   | 305   |         |    |         |    |         |     |         |     |          |     |  |
| <p><b>A3 Activity</b></p>  |   |         |    |         |    |         |     |         |     |          |     |  |
| <p>A3.1 What is the purpose of new policy?</p>   | <p><b><u>Confirm non-routine commissioning position of an additional new treatment</u></b></p> <p>Please specify</p> <p><a href="#">Click here to enter text.</a></p>   |         |    |         |    |         |     |         |     |          |     |  |
| <p>A3.2 What is the annual activity associated with the existing pathway for the eligible population?</p>  | <p>In 2016, c5000 patients received conventional radial radiotherapy for lung cancer</p> <p><i>Source: required</i></p> <p>Please specify</p> <p>Radiotherapy dataset</p>   |         |    |         |    |         |     |         |     |          |     |  |
| <p>A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?</p>   | <p>N/A</p> <p><i>Source: required</i></p>   |         |    |         |    |         |     |         |     |          |     |  |

|  |   |
|--|---|
|  | Please specify<br>The policy confirms the current non-routine commissioning position for this cohort of patients.   |
| 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.  | N/A<br><i>Source:</i><br>Please specify<br>RTDS   |
| <b>A4 Existing Patient Pathway</b>   |   |
| A4.1 <b>Existing pathway:</b> Describe the relevant currently routinely commissioned:<br><ul style="list-style-type: none"> <li>• Treatment or intervention</li> <li>• Patient pathway</li> <li>• Eligibility and/or uptake estimates.</li> </ul>                                | External beam radiotherapy, surgery or chemotherapy.<br><i>Source: required</i>   |
| A4.2. What are the current treatment access and stopping criteria?   | N/A<br><i>Source: required</i>  |
| A4.3 What percentage of the total eligible population is expected to:<br>a) Be clinically assessed for treatment<br>b) Be considered to meet an exclusion criteria following assessment<br>c) Choose to initiate treatment<br>d) Comply with treatment<br>e) Complete treatment? | If not known, please specify <a href="#">Click here to enter text.</a><br>a) 100%<br>b) 100%<br><br>c) enter %<br>d) enter %<br>e) enter %<br><i>Source: required</i> |

## A5 Comparator (next best alternative treatment) Patient Pathway

(NB: comparator/next best alternative does not refer to current pathway but to an alternative option)

### A5.1 Next best comparator:

Is there another 'next best' alternative treatment which is a relevant comparator?

If yes, describe relevant

- Treatment or intervention
- Patient pathway
- Actual or estimated eligibility and uptake

N/A

Source: required

A5.2 What percentage of the total eligible population is estimated to:

- Be clinically assessed for treatment
- Be considered to meet an exclusion criteria following assessment
- Choose to initiate treatment
- Comply with treatment
- Complete treatment?

Total estimated eligible N/A

- 100%
- 100%
- enter %
- enter %
- enter %

Source: required

## A6 New Patient Pathway

A6.1 What percentage of the total eligible population is expected to:

- Be clinically assessed for treatment
- Be considered to meet an exclusion criteria following assessment
- Choose to initiate treatment

If not known, please specify N/A

- enter %
- enter %
- enter %

|  |  |
|--|--|
| <p>d) Comply with treatment<br/>e) Complete treatment?</p> | <p>d) enter %<br/>e) enter %<br/><i>Source: required</i></p> |
|--|--|

|  |  |
|--|--|
| <p>A6.2 Specify the nature and duration of the proposed new treatment or intervention.</p> | <p><b><u>N/A</u></b><br/>For time limited treatments, specify frequency and/or duration.<br/><a href="#">Click here to enter text.</a><br/><i>Source: required</i></p> |
|--|--|

**A7 Treatment Setting**

|   |   |                                  |                          |                        |                          |                          |                          |                         |                          |                                   |                          |                                    |                          |                   |                          |          |                          |       |                          |
|---|---|----------------------------------|--------------------------|------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------------|--------------------------|-------------------|--------------------------|----------|--------------------------|-------|--------------------------|
| <p>A7.1 How is this treatment delivered to the patient?</p> | <p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>Emergency/Urgent care attendance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: day patient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Community setting</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Homecare</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify:<br/>N/A – NRC Policy</p> | Emergency/Urgent care attendance | <input type="checkbox"/> | Acute Trust: inpatient | <input type="checkbox"/> | Acute Trust: day patient | <input type="checkbox"/> | Acute Trust: outpatient | <input 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"/> |
| Emergency/Urgent care attendance                            | <input type="checkbox"/>  |                                  |                          |                        |                          |                          |                          |                         |                          |                                   |                          |                                    |                          |                   |                          |          |                          |       |                          |
| Acute Trust: inpatient                                      | <input type="checkbox"/>  |                                  |                          |                        |                          |                          |                          |                         |                          |                                   |                          |                                    |                          |                   |                          |          |                          |       |                          |
| Acute Trust: day patient                                    | <input type="checkbox"/>  |                                  |                          |                        |                          |                          |                          |                         |                          |                                   |                          |                                    |                          |                   |                          |          |                          |       |                          |
| Acute Trust: outpatient                                     | <input 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"/>  |                                  |                          |                        |                          |                          |                          |                         |                          |                                   |                          |                                    |                          |                   |                          |          |                          |       |                          |



|  |                 |        |
|--|-----------------|--------|
| A7.2 What is the current number of contracted providers for the eligible population by region? | NORTH           | number |
|  | MIDLANDS & EAST | number |
|  | LONDON          | number |
|  | SOUTH           | number |

|  |  |
|--|--|
| A7.3 Does the proposition require a change of delivery setting or capacity requirements? | <p><b>No</b><br/> Please specify:<br/> Click here to enter text.<br/> Source: required</p> |
|--|--|

**A8 Coding**

|  |   |                          |
|--|---|--------------------------|
| <p>A8.1 Specify the datasets used to record the new patient pathway activity.</p> <p>*expected to be populated for all commissioned activity</p> | <i>Select all that apply: N/A</i>           |                          |
|  | Aggregate Contract Monitoring *             | <input 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"/> |

|   |  |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
|---|--|-----------|--------------------------|-------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|-----|--------------------------|--------|--------------------------|---|-------------------------------------|
|   | <table border="1" data-bbox="1086 100 1848 156"> <tr> <td data-bbox="1086 100 1751 156">Other**</td> <td data-bbox="1751 100 1848 156"><input type="checkbox"/></td> </tr> </table> <p data-bbox="1086 167 2101 239">**If National Return, Clinical database or other selected, please specify:<br/>Click here to enter text.</p>  | Other**   | <input type="checkbox"/> |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| Other**   | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| <p data-bbox="91 300 1055 368">A8.2 Specify how the activity related to the new patient pathway will be identified.</p> | <p data-bbox="1099 300 1442 336"><i>Select all that apply:N/A</i></p> <table border="1" data-bbox="1086 343 1848 790"> <tr> <td data-bbox="1086 343 1751 399">OPCS v4.8</td> <td data-bbox="1751 343 1848 399"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 399 1751 454">ICD10</td> <td data-bbox="1751 399 1848 454"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 454 1751 510">Treatment function code</td> <td data-bbox="1751 454 1848 510"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 510 1751 566">Main Speciality code</td> <td data-bbox="1751 510 1848 566"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 566 1751 622">HRG</td> <td data-bbox="1751 566 1848 622"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 622 1751 678">SNOMED</td> <td data-bbox="1751 622 1848 678"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1086 678 1751 790">Clinical coding / terming methodology used by clinical profession</td> <td data-bbox="1751 678 1848 790"><input checked="" type="checkbox"/></td> </tr> </table> | OPCS v4.8 | <input type="checkbox"/> | ICD10 | <input type="checkbox"/> | Treatment function code | <input type="checkbox"/> | Main Speciality code | <input type="checkbox"/> | HRG | <input type="checkbox"/> | SNOMED | <input type="checkbox"/> | Clinical coding / terming methodology used by clinical profession | <input checked="" type="checkbox"/> |
| OPCS v4.8   | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| ICD10   | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| Treatment function code   | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| Main Speciality code  | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| HRG   | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| SNOMED  | <input type="checkbox"/>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| Clinical coding / terming methodology used by clinical profession   | <input checked="" type="checkbox"/>  |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| <p data-bbox="91 837 629 917"><b>A8.3 Identification Rules for Drugs:</b><br/>How are drug costs captured?</p>          | <p data-bbox="1086 837 1301 874"><b><u>Not applicable</u></b></p>  |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| <p data-bbox="91 976 663 1056"><b>A8.4 Identification Rules for Devices:</b><br/>How are device costs captured?</p>     | <p data-bbox="1086 976 1301 1013"><b><u>Not applicable</u></b></p>   |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| <p data-bbox="91 1115 647 1195"><b>A8.5 Identification Rules for Activity:</b><br/>How are activity costs captured?</p> | <p data-bbox="1086 1115 1305 1152"><b><u>Not Applicable</u></b></p>  |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |
| <p data-bbox="91 1295 309 1332"><b>A9 Monitoring</b></p>  |  |           |                          |       |                          |                         |                          |                      |                          |     |                          |        |                          |   |                                     |

|  |   |                     |                          |         |                          |                      |                          |
|--|---|---------------------|--------------------------|---------|--------------------------|----------------------|--------------------------|
| <p><b>A9.1 Contracts</b><br/>Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.</p>   | <p><b><u>Not Applicable</u></b><br/>Please specify<br/><a href="#">Click here to enter text.</a></p>  |                     |                          |         |                          |                      |                          |
| <p><b>A9.2 Excluded Drugs and Devices (not covered by the Zero Cost Model)</b><br/>For treatments which are tariff excluded drugs or devices not covered by the Zero Cost Model, specify the pharmacy or device monitoring required, for example reporting or use of prior approval systems.</p> | <p><i>Select all that apply:N/A</i></p> <table border="1" data-bbox="1088 363 1597 539"> <tr> <td>Drugs or Device MDS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Blueteq</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other prior approval</td> <td><input type="checkbox"/></td> </tr> </table> <p>Please specify: <a href="#">Click here to enter text.</a></p> | Drugs or Device MDS | <input type="checkbox"/> | Blueteq | <input type="checkbox"/> | Other prior approval | <input type="checkbox"/> |
| Drugs or Device MDS  | <input type="checkbox"/>  |                     |                          |         |                          |                      |                          |
| Blueteq  | <input type="checkbox"/>  |                     |                          |         |                          |                      |                          |
| Other prior approval   | <input type="checkbox"/>  |                     |                          |         |                          |                      |                          |
| <p><b>A9.3 Business intelligence</b><br/>Is there potential for duplicate reporting?</p>   | <p><b><u>Not Applicable</u></b><br/>If yes, please specify mitigation:<br/><a href="#">Click here to enter text.</a></p>  |                     |                          |         |                          |                      |                          |
| <p><b>A9.4 Contract monitoring</b><br/>Is this part of routine contract monitoring?</p>  | <p><b><u>Not Applicable</u></b><br/>If yes, please specify contract monitoring requirement:<br/><a href="#">Click here to enter text.</a></p>   |                     |                          |         |                          |                      |                          |
| <p><b>A9.5 Dashboard reporting</b><br/>Specify whether a dashboard exists for the proposed intervention?</p>   | <p><b><u>Not Applicable</u></b><br/>If yes, specify how routine performance monitoring data will be used for dashboard reporting.<br/><a href="#">Click here to enter text.</a><br/>If no, will one be developed?<br/><a href="#">Click here to enter text.</a></p>   |                     |                          |         |                          |                      |                          |
| <p><b>A9.6 NICE reporting</b></p>  | <p><b><u>Not Applicable</u></b></p>   |                     |                          |         |                          |                      |                          |

Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new policy?

**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 52 providers of external beam radiotherapy in England.  
*Source: RT Specification*

B1.2 Will the proposition change the way the commissioned service is organised?

**No**  
Please specify:  
[Click here to enter text.](#)  
*Source: required*

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

**No change to delivery of care**  
Please specify:  
[Click here to enter text.](#)

**B2 Geography & Access**

B2.1 Where do current referrals come from?

*Select all that apply:*

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

|  |  |
|--|--|
|  | <div data-bbox="1093 102 1597 156" style="border: 1px solid black; padding: 2px;"> <span data-bbox="1099 108 1182 140">Other</span> <input data-bbox="1525 118 1554 138" type="checkbox"/> </div> <p data-bbox="1088 172 1413 245">Please specify:<br/>Click here to enter text.</p> |
| <p data-bbox="91 309 943 373">B2.2 What impact will the new policy have on the sources of referral?</p>  | <p data-bbox="1088 309 1413 430"><b><u>N/A</u></b><br/>Please specify:<br/>Click here to enter text.</p>   |
| <p data-bbox="91 489 902 521">B2.3 Is the new policy likely to improve equity of access?</p>   | <p data-bbox="1088 489 1637 659"><b><u>N/A</u></b><br/>Please specify:<br/>Click here to enter text.<br/><i>Source: Equalities Impact Assessment</i></p>   |
| <p data-bbox="91 718 1003 782">B2.4 Is the new policy likely to improve equality of access and/or outcomes?</p>                                | <p data-bbox="1088 718 1637 887"><b><u>N/A</u></b><br/>Please specify:<br/>Click here to enter text.<br/><i>Source: Equalities Impact Assessment</i></p>   |
| <p data-bbox="91 991 376 1023"><b>B3 Implementation</b></p>  |  |
| <p data-bbox="91 1085 965 1149">B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?</p> | <p data-bbox="1088 1085 1413 1206"><b><u>N/A</u></b><br/>Please specify:<br/>Click here to enter text.</p>   |
| <p data-bbox="91 1265 792 1345"><b>B3.2 Time to implementation:</b><br/>Is a lead-in time required prior to implementation?</p>                | <p data-bbox="1088 1265 1899 1345"><b><u>N/A</u></b><br/>If yes, specify the likely time to implementation: Enter text</p>   |

| <p><b>B3.3 Time to implementation:</b><br/>If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>  | <p><u><b>N/A</b></u><br/>If yes, outline the plan:<br/>N/A</p>  |                       |                          |                       |                |  |  |  |  |
|---|---|-----------------------|--------------------------|-----------------------|----------------|--|--|--|--|
| <p>B3.4 Is a change in provider physical infrastructure required?</p>   | <p><u><b>N/A</b></u><br/>Please specify:<br/><a href="#">Click here to enter text.</a></p>  |                       |                          |                       |                |  |  |  |  |
| <p>B3.5 Is a change in provider staffing required?</p>  | <p><u><b>N/A</b></u><br/>Please specify:<br/><a href="#">Click here to enter text.</a></p>  |                       |                          |                       |                |  |  |  |  |
| <p>B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?</p>   | <p><u><b>N/A</b></u><br/>Please specify:<br/><a href="#">Click here to enter text.</a></p>  |                       |                          |                       |                |  |  |  |  |
| <p>B3.7 Are there changes in the support services that need to be in place?</p>   | <p><u><b>N/A</b></u><br/>Please specify:<br/><a href="#">Click here to enter text.</a></p>  |                       |                          |                       |                |  |  |  |  |
| <p>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>   | <p><u><b>N/A</b></u><br/>Please specify:<br/><a href="#">Click here to enter text.</a></p>  |                       |                          |                       |                |  |  |  |  |
| <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> | <p><u><b>N/A</b></u><br/><i>Please complete table:</i></p> <table border="1" data-bbox="1088 1289 2011 1382"> <thead> <tr> <th data-bbox="1088 1289 1279 1382">Region</th> <th data-bbox="1279 1289 1525 1382">Current no. of providers</th> <th data-bbox="1525 1289 1827 1382">Future State expected</th> <th data-bbox="1827 1289 2011 1382">Provisional or</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Region                | Current no. of providers | Future State expected | Provisional or |  |  |  |  |
| Region  | Current no. of providers  | Future State expected | Provisional or           |                       |                |  |  |  |  |
|   |   |                       |                          |                       |                |  |  |  |  |

|   |   |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|---|---|--|-------|-----------|--|--------------------------|------------------------------|--------------------------|---|--------------------------|--|--------------------------|------------------------|--------------------------|--|--------------------------|-------------|--------------------------|-------|-------------------------------------|
|   |   |  | range | confirmed |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|   | North   |  |       | select    |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|   | Midlands & East   |  |       | select    |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|   | London  |  |       | select    |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|   | South   |  |       | select    |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
|   | Total   |  |       | select    |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Please specify:<br><a href="#">Click here to enter text.</a>  |   |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner. | <p><i>Select all that apply:</i><b>N/A</b></p> <table border="1"> <tr> <td>Publication and notification of new policy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Market intervention required</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Competitive selection process to secure increase or decrease provider configuration</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Price-based selection process to maximise cost effectiveness</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Any qualified provider</td> <td><input type="checkbox"/></td> </tr> <tr> <td>National Commercial Agreements e.g. drugs, devices</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Procurement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>Please specify:<br/><a href="#">Click here to enter text.</a></p> |  |       |           | Publication and notification of new policy | <input type="checkbox"/> | Market intervention required | <input type="checkbox"/> | Competitive selection process to secure increase or decrease provider configuration | <input type="checkbox"/> | Price-based selection process to maximise cost effectiveness | <input type="checkbox"/> | Any qualified provider | <input type="checkbox"/> | National Commercial Agreements e.g. drugs, devices | <input type="checkbox"/> | Procurement | <input type="checkbox"/> | Other | <input checked="" type="checkbox"/> |
| Publication and notification of new policy  | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Market intervention required  | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Competitive selection process to secure increase or decrease provider configuration                 | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Price-based selection process to maximise cost effectiveness  | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Any qualified provider  | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| National Commercial Agreements e.g. drugs, devices  | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Procurement   | <input type="checkbox"/>  |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |
| Other   | <input checked="" type="checkbox"/>   |  |       |           |  |                          |                              |                          |   |                          |  |                          |                        |                          |  |                          |             |                          |       |                                     |

## 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

C1.1 How is the service contracted and/or charged?  
Only specify for the relevant section of the patient pathway

*Select all that apply:*

|                 |  |                          |
|-----------------|--|--------------------------|
| <b>Drugs</b>    | Not separately charged – part of local or national tariffs | <input type="checkbox"/> |
|                 | Excluded from tariff – pass through                        | <input type="checkbox"/> |
|                 | Excluded from tariff - other                               | <input type="checkbox"/> |
| <b>Devices</b>  | Not separately charged – part of local or national tariffs | <input type="checkbox"/> |
|                 | Excluded from tariff (excluding ZCM) – pass through        | <input type="checkbox"/> |
|                 | Excluded from tariff (excluding ZCM) – other               | <input type="checkbox"/> |
|                 | Via Zero Cost Model  | <input type="checkbox"/> |
| <b>Activity</b> | Paid entirely by National Tariffs                          | <input type="checkbox"/> |
|                 | Paid entirely by Local Tariffs                             | <input type="checkbox"/> |
|                 | Partially paid by National Tariffs                         | <input 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"/> |



|   |   |                          |  |                          |
|---|---|--------------------------|--|--------------------------|
|   | <table border="1"> <tr> <td data-bbox="1070 97 1245 199"></td> <td data-bbox="1245 97 2056 199">Part/fully paid under Other arrangements</td> <td data-bbox="2056 97 2141 199"><input type="checkbox"/></td> </tr> </table> |                          | Part/fully paid under Other arrangements | <input type="checkbox"/> |
|   | Part/fully paid under Other arrangements  | <input type="checkbox"/> |  |                          |
| <p><b>C1.2 Drug Costs</b><br/>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.<br/>NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p> | <u><b>Not Applicable</b></u>  |                          |  |                          |
| <p><b>C1.3 Device Costs</b><br/>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.<br/>NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>         | <u><b>Not Applicable</b></u>  |                          |  |                          |
| <p><b>C1.4 Activity Costs covered by National Tariffs</b><br/>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>   | <u><b>Not Applicable</b></u>  |                          |  |                          |
| <p><b>C1.5 Activity Costs covered by Local Tariff</b><br/>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.</p>  | <u><b>Not Applicable</b></u>  |                          |  |                          |
| <p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b><br/>Include descriptions and estimates of all key costs.</p>  | <u><b>Not Applicable</b></u>  |                          |  |                          |

|   |   |     |               |     |               |     |               |     |               |     |               |  |
|---|---|-----|---------------|-----|---------------|-----|---------------|-----|---------------|-----|---------------|--|
| C1.7 Are there any prior approval mechanisms required either during implementation or permanently?  | <p><b><u>Not Applicable</u></b><br/>Please specify: <a href="#">Click here to enter text.</a></p>   |     |               |     |               |     |               |     |               |     |               |  |
| <b>C2 Average Cost per Patient</b>  |   |     |               |     |               |     |               |     |               |     |               |  |
| <p>C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?</p> <p>Are there any changes expected in year 6-10 which would impact the model?</p> | <table border="1"> <tr><td>YR1</td><td>enter number.</td></tr> <tr><td>YR2</td><td>enter number.</td></tr> <tr><td>YR3</td><td>enter number.</td></tr> <tr><td>YR4</td><td>enter number.</td></tr> <tr><td>YR5</td><td>enter number.</td></tr> </table> | YR1 | enter number. | YR2 | enter number. | YR3 | enter number. | YR4 | enter number. | YR5 | enter number. | <p>Not Applicable : SABR is not being recommended for routine commissioning.</p> |
| YR1   | enter number.   |     |               |     |               |     |               |     |               |     |               |  |
| YR2   | enter number.   |     |               |     |               |     |               |     |               |     |               |  |
| YR3   | enter number.   |     |               |     |               |     |               |     |               |     |               |  |
| YR4   | enter number.   |     |               |     |               |     |               |     |               |     |               |  |
| YR5   | enter number.   |     |               |     |               |     |               |     |               |     |               |  |
| <b>C3 Overall Cost Impact of this Policy to NHS England</b>   |   |     |               |     |               |     |               |     |               |     |               |  |
| C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.  | <p><b><u>Cost neutral</u></b><br/>Please specify:<br/>SABR is not currently commissioned for this cohort of patients and the policy proposition confirms the NRC position, therefore there is no change to the current cost.</p>                        |     |               |     |               |     |               |     |               |     |               |  |
| C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.  | <p><b><u>Not Applicable</u></b></p>   |     |               |     |               |     |               |     |               |     |               |  |

|  |  |
|--|--|
| 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? | <b><u>Not Applicable</u></b>   |
| <b>C4 Overall cost impact of this policy to the NHS as a whole</b>   |  |
| C4.1 Specify the budget impact of the proposal on other parts of the NHS.  | Budget impact for CCGs:<br><b><u>Cost neutral</u></b><br>Budget impact for providers:<br><b><u>Cost neutral</u></b><br>Please specify: |
| C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.  | <b><u>Cost neutral</u></b><br>Please specify:  |
| C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured  | <b><u>Not Applicable</u></b>   |
| C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?   | <b><u>No</u></b><br>Please specify:<br>Click here to enter text.   |
| <b>C5 Funding</b>  |  |

|   |   |   |                          |
|---|---|---|--------------------------|
| C5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified, e.g. decommissioning less clinically or cost-effective services. | <b><u>Not Applicable</u></b>  |   |                          |
| <b>C6 Financial Risks Associated with Implementing this Policy</b>  |   |   |                          |
| C6.1 What are the material financial risks to implementing this policy?   | <b><u>Not Applicable</u></b>  |   |                          |
| C6.2 How can these risks be mitigated?  | <b><u>Not Applicable</u></b>  |   |                          |
| C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?                      | <b><u>Not Applicable</u></b>  |   |                          |
| C6.4 What scenario has been approved and why?   | <b><u>Not Applicable</u></b>  |   |                          |
| <b>C7 Value for Money</b>   |   |   |                          |
| C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence review?   | <b><u>There is no published evidence of cost-effectiveness</u></b><br>Please specify:<br><a href="#">Click here to enter text.</a>  |   |                          |
| C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?  | <i>Select all that apply:N/A</i><br><table border="1" data-bbox="1088 1257 2134 1348"> <tr> <td data-bbox="1088 1257 2056 1348">Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment</td> <td data-bbox="2056 1257 2134 1348"><input type="checkbox"/></td> </tr> </table> | Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment | <input type="checkbox"/> |
| Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment   | <input type="checkbox"/>  |   |                          |

|  |  |                          |
|--|--|--------------------------|
|  | Available pricing data suggests the treatment is lower cost compared to current/comparator treatment     | <input type="checkbox"/> |
|  | Available clinical practice data suggests the new treatment 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"/> |
| Please specify:<br><a href="#">Click here to enter text.</a>                       |  |                          |
| <b>C8 Cost Profile</b>   |  |                          |
| C8.1 Are there non-recurrent capital or revenue costs associated with this policy? | <b><u>No</u></b><br>If yes, specify type and range:<br><a href="#">Click here to enter text.</a>         |                          |
| C8.2 If yes, confirm the source of funds to meet these costs.                      | <b><u>Not Applicable</u></b>   |                          |