

Integrated Impact Assessment Report for Clinical Commissioning Policies			
Policy Reference Number	1675		
Policy Title	Pectus Surgery Proposal <b><u>not for routine commission</u></b> (ref A3.1)		
Lead Commissioner	Nigel Andrews	Clinical Lead	Tim Batchelor
Finance Lead	Jacqueline Low	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 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

A1.1 Prevalence of the disease/condition.	<p>Pectus deformity is a term used to describe a group of conditions associated with the malformation of the chest wall. There are two main types of pectus deformity – pectus excavatum (PE) and pectus carinatum (PC). Birth incidence of pectus deformity is estimated to be between 1 in 400 and 1 in 1000, of which 87% will be PE, 5% PC and the remainder a combination of the two or other very rare chest deformities.</p> <p><i>Source: Policy Proposition section 6</i></p>
A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.	<p>250</p> <p>Number of eligible patients is based on the total number of patients treated with surgery for pectus deformity in 2017/18.</p> <p><i>Source: Policy Proposition section 6</i></p>
A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.	<b><u>All ages</u></b>
A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria	<p>Pectus deformity is present from birth. However, this treatment is typically taken up by younger patients. The majority of patients currently undergoing surgery are aged between 10 and 24 years.</p> <p><i>Source: Based on Hospital Episodes Statistics (HES) 2013-2014.</i></p>

A1.5 How is the population currently distributed geographically?	<b><u>Evenly</u></b>  No evidence of geographical variation in the population has been identified. .  <i>Source: Policy Proposition section 6</i>		
<b>A2 Future Patient Population &amp; Demography</b>			
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?	<b><u>Increasing</u></b>  In line with ONS population trends only.  <i>Source: Policy Proposition section 6</i>		
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	<b><u>No</u></b>  <i>Source: Policy Proposition section 6/other</i>		
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?	YR2 +/-	0	
	YR3 +/-	0	
	YR4 +/-	0	
	YR5 +/-	0	
	YR10 +/-	0	
Are these numbers in line with ONS growth assumptions for the age	Future activity assumed at 17/18 activity levels.		

specific population? If not please justify the growth assumptions made.	<p><i>Source: Finance Assessment</i></p> <p><b><u>Yes</u></b></p>
<b>A3 Activity</b>	
A3.1 What is the purpose of new policy?	<b><u>Confirm non-routine commissioning position of an additional new treatment</u></b>
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	<p>250</p> <p>The annual activity associated with the existing pathway is based on the current number of patients treated for pectus deformity in 2017/18.</p> <p><i>Source: Policy Proposition section 6</i></p>
A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?	Not applicable, this is a not for routine commissioning policy
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.	<p>250</p> <p><i>Source: Policy Proposition section 6</i></p>
<b>A4 Existing Patient Pathway</b>	

<p><b>A4.1 Existing pathway:</b> Describe the relevant currently routinely commissioned:</p> <ul style="list-style-type: none"> <li>• Treatment or intervention</li> <li>• Patient pathway</li> <li>• Eligibility and/or uptake estimates.</li> </ul>	<p>There are two types of surgical procedure available for the correction of pectus deformity: (i) Nuss procedure; and (ii) Ravitch procedure. There are also a number of non-surgical management options to support people diagnosed with a pectus deformity, including posture and exercise programmes, bracing and psychological support.</p> <p>Patients are usually referred to an adult thoracic unit or paediatric service with a specialist interest in pectus deformity. Treatment is determined by assessment of the type of pectus deformity and the extent of the deformity. 250 patients were surgically treated in England in 2017/18.</p> <p><i>Source: Policy Proposition section 3/ section 6</i></p>
<p>A4.2. What are the current treatment access and stopping criteria?</p>	<p>See section A4.1</p>
<p>A4.3 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> <li>a) Be clinically assessed for treatment</li> <li>b) Be considered to meet an exclusion criteria following assessment</li> <li>c) Choose to initiate treatment</li> <li>d) Comply with treatment</li> <li>e) Complete treatment?</li> </ul>	<ul style="list-style-type: none"> <li>a) 100%</li> <li>b) 0%</li> <li>c) 100%</li> <li>d) 100%</li> <li>e) 100%</li> </ul> <p>Assessment of the eligible population has been made based on the current number of patients undergoing surgery for pectus deformity per annum in England.</p> <p><i>Source: Policy Proposition section 6</i></p>

## 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*

### **Yes - additional comparator not routinely commissioned**

Many patients may opt to do nothing if they can be reassured of the absence of any health concerns associated with the deformity. However, there are other non-surgical treatment options available for patients including posture and exercise programmes, bracing and psychological support.

*Source: Policy Proposition section 3*

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

- a) Be clinically assessed for treatment
- b) Be considered to meet an exclusion criteria following assessment
- c) Choose to initiate treatment
- d) Comply with treatment
- e) Complete treatment?

a) 100%

b) 0%

c) 100%

d) 100%

e) 100%

*Source: Policy Proposition section 3*

## A6 New Patient Pathway

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

- a) Be clinically assessed for treatment
- b) Be considered to meet an exclusion criteria following

Not applicable, this is a not for routine commissioning policy.

assessment c) Choose to initiate treatment d) Comply with treatment e) Complete treatment?	
A6.2 Specify the nature and duration of the proposed new treatment or intervention.	Not applicable, this is a not for routine commissioning policy.
<b>A7 Treatment Setting</b>	
A7.1 How is this treatment delivered to the patient?	Not applicable, this is a not for routine commissioning policy.
A7.2 What is the current number of contracted providers for the eligible population by region?	Not applicable, this is a not for routine commissioning policy.
A7.3 Does the proposition require a change of delivery setting or capacity requirements?	Not applicable, this is a not for routine commissioning policy.
<b>A8 Coding</b>	
A8.1 Specify the datasets used to record the new patient pathway activity.	Not applicable, this is a not for routine commissioning policy.



*expected to be populated for all commissioned activity	
A8.2 Specify how the activity related to the new patient pathway will be identified.	Not applicable, this is a not for routine commissioning policy.
A8.3 <b>Identification Rules for Drugs:</b> How are drug costs captured?	Not applicable, this is a not for routine commissioning policy.
A8.4 <b>Identification Rules for Devices:</b> How are device costs captured?	Not applicable, this is a not for routine commissioning policy.
A8.5 <b>Identification Rules for Activity:</b> How are activity costs captured?	Not applicable, this is a not for routine commissioning policy.
<b>A9 Monitoring</b>	
A9.1 <b>Contracts</b> Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.	<u><b>None</b></u>
A9.2 <b>Excluded Drugs and Devices (not covered by the Zero Cost Model)</b> 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	Not applicable, this is a not for routine commissioning policy.

systems.	
<b>A9.3 Business intelligence</b> Is there potential for duplicate reporting?	Not applicable, this is a not for routine commissioning policy.
<b>A9.4 Contract monitoring</b> Is this part of routine contract monitoring?	Not applicable, this is a not for routine commissioning policy.
<b>A9.5 Dashboard reporting</b> Specify whether a dashboard exists for the proposed intervention?	Not applicable, this is a not for routine commissioning policy.
<b>A9.6 NICE reporting</b> Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new policy?	<u>No</u>
<b>Section B - Service Impact</b>	
<b>B1 Service Organisation</b>	
<b>B1.1</b> Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	Surgery for pectus deformity is currently provided by either thoracic surgery units (of which there are 27 in England) or through paediatric units with a special interest in pectus deformity. The majority of referrals are from either primary or secondary care.
<b>B1.2</b> Will the proposition change the way the commissioned service is organised?	<u>No</u>

B1.3 Will the proposition require a new approach to the organisation of care?	<p><b><u>Other</u></b></p> <p>This policy proposes that surgery for pectus deformity no longer be commissioned. However non-surgical treatment options are available for patients with pectus deformity.</p>								
<b>B2 Geography &amp; Access</b>									
B2.1 Where do current referrals come from?	<table border="1"> <tr> <td>GP</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Secondary care</td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Tertiary care</td><td><input type="checkbox"/></td></tr> <tr> <td>Other</td><td><input type="checkbox"/></td></tr> </table>	GP	<input checked="" type="checkbox"/>	Secondary care	<input checked="" type="checkbox"/>	Tertiary care	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Tertiary care	<input type="checkbox"/>								
Other	<input type="checkbox"/>								
B2.2 What impact will the new policy have on the sources of referral?	<p><b><u>Decrease</u></b></p> <p>This policy is for non-routine commissioning and therefore referrals to thoracic surgical units for surgery will stop.</p>								
B2.3 Is the new policy likely to improve equity of access?	<p><b><u>No impact</u></b></p> <p><i>Source: Equalities Impact Assessment</i></p>								
B2.4 Is the new policy likely to improve equality of access and/or outcomes?	<p><b><u>No impact</u></b></p> <p><i>Source: Equalities Impact Assessment</i></p>								

<b>B3 Implementation</b>	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<b><u>No action required</u></b>
B3.2 <b>Time to implementation:</b> Is a lead-in time required prior to implementation?	<b><u>No - go to B3.4</u></b>
B3.3 <b>Time to implementation:</b> If lead-in time is required prior to implementation, will an interim plan for implementation be required?	<b><u>No - go to B3.4</u></b>
B3.4 Is a change in provider physical infrastructure required?	<b><u>No</u></b>
B3.5 Is a change in provider staffing required?	<b><u>No</u></b>
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<b><u>No</u></b>
B3.7 Are there changes in the support services that need to be in place?	<b><u>No</u></b>  Although the demand on non-surgical forms of treatment may increase for patients with pectus deformity, the patient numbers are small and are expected to have a minimal impact on other services.

B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)	<b><u>No</u></b>																
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	<b><u>No change</u></b>																
B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.	<table border="1"> <tr> <td>Publication and notification of new policy</td> <td><input checked="" 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 type="checkbox"/></td> </tr> </table>	Publication and notification of new policy	<input checked="" 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 type="checkbox"/>
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Other	<input type="checkbox"/>																
<b>B4 Place-based Commissioning</b>																	
B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved	<b><u>No</u></b>																

commissioning arrangements, STPs)			
<b>Section C - Finance Impact</b>			
<b>C1 Tariff/Pricing</b>			
<b>C1.1 How is the service contracted and/or charged?</b> Only specify for the relevant section of the patient pathway	<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 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"/>
	<b>C1.2 Drug Costs</b> Where not included in national or local tariffs, list each drug or		Not applicable.

<p>combination, dosage, quantity, <b>list</b> 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><b>C1.3 Device Costs</b></p> <p>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.</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>	Not applicable.
<p><b>C1.4 Activity Costs covered by National Tariffs</b></p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	Not applicable, this is a not for routine commissioning policy.
<p><b>C1.5 Activity Costs covered by Local Tariff</b></p> <p>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.</p>	Not applicable.
<p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b></p> <p>Include descriptions and estimates of all key costs.</p>	Not applicable.
<p><b>C1.7</b> Are there any prior approval mechanisms required either during implementation or permanently?</p>	<b><u>Not applicable.</u></b>

C2 Average Cost per Patient		
<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>	YR1	0
	YR2	0
	YR3	0
	YR4	0
	YR5	0
	<p>This policy is for non-routine commissioning.</p>	
C3 Overall Cost Impact of this Policy to NHS England		
<p>C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.</p>	<p><b><u>Cost saving</u></b></p> <p>Year 1 £-1,551.8K  Year 2 £-1,551.8K  Year 5 £-1,551.8K</p>	
<p>C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.</p>	<p>Not applicable.</p>	
<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?</p>	<p>Not applicable.</p>	



<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.	<p>Budget impact for CCGs: <b><u>No impact on CCGs</u></b></p> <p>Budget impact for providers: <b><u>No impact on providers</u></b></p> <p>Although the demand on non-surgical forms of treatment may increase for patients with pectus deformity, the patient numbers are small and are expected to have a minimal impact on other services.</p>
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<p><b><u>Cost saving</u></b></p> <p>:</p> <p>Year 1 £-1,551.8K Year 2 £-1,551.8K Year 5 £-1,551.8K</p>
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?	<b><u>No</u></b>
<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.	Not applicable.

<b>C6 Financial Risks Associated with Implementing this Policy</b>	
C6.1 What are the material financial risks to implementing this policy?	None.
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.
<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>
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	Not applicable.
<b>C8 Cost Profile</b>	
C8.1 Are there non-recurrent capital or revenue costs associated with this policy?	<b><u>No</u></b>

C8.2 If yes, confirm the source of funds to meet these costs.	Not applicable.