Integrated Impact Assessment Report for Service Specifications			
Service Specification Reference Number	1747		
Service Specification Title	Teenage and Young Adults' Cancer (TYA) Networks Proposal **for routine commission** (source A3.1)		
Lead Commissioner		**Clinical Lead**	
Finance Lead		**Analytical Lead**	

Integrated Impact Assessment – Index		
Section A – Activity	**Section B - Service**	**Section C – Finance**
A1 Current Patient Population & Demography / Growth	B1 Service Organisation	C1 Tariff
A2 Future Patient Population & Demography	B2 Geography & Access	C2 Average Cost per Patient
A3 Activity	B3 Implementation	C3 Overall Cost Impact of this service specification to NHS England
A4 Patient Pathway	B4 Collaborative Commissioning	C4 Overall cost impact of this service specification to the NHS as a whole
A5 Service Setting		C5 Funding
A6 Coding		C6 Financial Risks Associated with Implementing this service specification
A7 Monitoring		C7 Value for Money
		C8 Cost Profile

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.	Cancer in teenagers and young adults is rare and accounts for less than 1% of all cancer diagnoses. Between 2013 and 2015, there were approximately 2,200 new cases of teenage and young adults' cancer per year in England. *Source: Service Specification Proposition, Section 3.2*
A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.	2,200 *Source: Service Specification Proposition, Section 3.2*
A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.	**Other** This specification covers teenagers and young adults aged 16 to 24 years (up to the 25th birthday).
A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria.	The incidence of cancer within the TYA age group increases with age, with 62% of cases being diagnosed in 20 to 24 year olds. *Source: Service Specification Proposition, Section 3.2*
A1.5 How is the population currently distributed geographically?	**Evenly** *Source: Service Specification Proposition, Section 3.2*

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?	**<u>Increasing</u>** The incidence of TYA cancer has increased and at a faster rate than observed in childhood cancer, with a 21% increase in the age-specific incidence rate between 2001 and 2015. This is expected to continue with larger increases expected in specific tumour types. The exact reasons are currently unclear and in some cases are due to an increased detection rate of small, early stage cancers. *Source: Service Specification Proposition, Section 3.2*
A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?	See Section A2.1
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? Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.	See Section A2.1.
A3 Activity	

A3.1 What is the purpose of new service specification?	**<u>Revision to an existing published service specification</u>** It is important to note that the revision process has resulted in: • The TYA Cancer Service Specification being split into: o TYA Cancer Network – Principal Treatment Centres Service Specification o TYA Cancer Network – Designated Hospital Service Specification The inclusion of Children's and TYA Chemotherapy Service Specification being integrated within each of the new TYA Cancer Network Service Specifications. This means that there will no longer be a standalone Children's and TYA Chemotherapy Service Specification.
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	2, 200
A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?	2, 200
A4 Patient Pathway	
A4.1 **Patient pathway** Describe the current patient pathway and service.	TYA cancer services in England are delivered through TYA Cancer Networks, each co-ordinated through a Network Co-ordinating Group and comprising a Principal Treatment Centre (PTC) and a number of Designated Hospitals. The model of care is such that: • All patients aged between 16 – 18 years must be treated in the PTC;

	• Patients over the age of 19 years can choose to have their treatment at either a TYA PTC or at a TYA Designated Hospital. TYA patients with suspected cancer are referred to either the PTC or a Designated Hospital. Diagnosis and treatment planning for TYA patients with cancer is usually the responsibility of 'adult' site-specific MDTs in either the PTC or Designated Hospital. However, all TYA patients with cancer should also be referred to the TYA MDT, hosted by the PTC. The purpose of this MDT is to review the proposed treatment plan, ensure access to clinical trials and ensure that each patient's holistic needs are identified and met. Following treatment at either the PTC or a Designated Hospital, some TYA patients will continue to receive follow-up care for several years post treatment and may require transition into adult services.
A4.2. What are the current service access and stopping criteria?	See Section A4.1.
A4.3 What percentage of the total eligible population are: a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria	a) 100%* b) 100% c) 100% Although all patients with TYA cancer will be receiving care, analysis of activity data indicates that approximately 10% of patients receive care in non-TYA providers. In addition, current CRG estimates indicate that only 50% of TYA patients are referred to a TYA MDT.
A4.4 What percentage of the total eligible population is expected to: a) Be referred to the proposed service	a) 100% b) 100%

<table>
<tr><td>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?</td><td>c) 100%
d) 100%</td></tr>
<tr><td>A4.5 Specify the nature and duration of the proposed new service or intervention.</td><td><u>Time limited</u>

The nature and duration of treatment depends on the tumour type. TYA patients present with a higher proportion of solid tumours than children and the nature of these cancers is such that treatment is usually delivered over a more fixed and shorter period, i.e., surgery. However, some patients will require long term care to manage the side effects of treatment.</td></tr>
<tr><td colspan="2">A5 Service Setting</td></tr>
<tr><td>A5.1 How is this service delivered to the patient?</td><td>Select all that apply:
<table><tr><td>Emergency/Urgent care attendance</td><td>☒</td></tr><tr><td>Acute Trust: inpatient</td><td>☒</td></tr><tr><td>Acute Trust: day patient</td><td>☒</td></tr><tr><td>Acute Trust: outpatient</td><td>☒</td></tr><tr><td>Mental Health provider: inpatient</td><td>☐</td></tr><tr><td>Mental Health provider: outpatient</td><td>☐</td></tr><tr><td>Community setting</td><td>☐</td></tr></table></td></tr>
</table>

	Homecare ☐ Other ☐
A5.2 What is the current number of contracted providers for the eligible population by region?	NORTH: 6 PTCs, 31 Designated Hospitals MIDLANDS & EAST: 3 PTCs, 18 Designated Hospitals LONDON: 2 PTCs, 17 Designated Hospitals SOUTH: 3 PTCs, 14 Designated Hospitals
A5.3 Does the proposition require a change of delivery setting or capacity requirements?	**No**
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 * ☒ Patient level contract monitoring ☒ Patient level drugs dataset ☐ Patient level devices dataset ☐

	Devices supply chain reconciliation dataset ☐ Secondary Usage Service (SUS+) ☒ Mental Health Services DataSet (MHSDS) ☐ National Return** ☐ Clinical Database** ☒ Other** ☐ ** SACT Database
A6.2 Specify how the activity related to the new patient pathway will be identified.	*Select all that apply:* OPCS v4.8 ☒ ICD10 ☒ Service function code ☐ Main Speciality code ☒ HRG ☒ SNOMED ☐ Clinical coding / terming methodology used by clinical profession ☐
A6.3 **Identification Rules for Drugs:** How are any drug costs captured?	**Not applicable**
A6.4 **Identification Rules for Devices:** How are device costs captured?	**Not applicable**

A6.5 **Identification Rules for Activity:** How are activity costs captured?	**Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)** NCBPS01T – TEENAGE AND YOUNG ADULTS CANCER
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.	**None**
A7.2 **Business intelligence** Is there potential for duplicate reporting?	**No**
A7.3 **Contract monitoring** Is this part of routine contract monitoring?	**Yes**
A7.4 **Dashboard reporting** Specify whether a dashboard exists for the proposed service?	**Yes** A new dashboard for TYA cancer will be developed reflecting the revised Quality Metrics included within the Service Specification. In line with current practice, Quality Dashboards will be available to commissioned services and compliance against the Dashboard

	measures will be regularly reviewed by the local commissioning teams and the Programme of Care team.
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?	**Yes** NICE Quality Standards for Children and Young People with Cancer (2014). These standards have been incorporated into the revised service specification where applicable.
Section B - Service Impact	
B1 Service Organisation	
B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)	See section A4.1
B1.2 Will the specification change the way the commissioned service is organised?	**Yes** The overarching service model, with PTCs working in a Network with Designated Hospitals has been retained. The changes to the service specification focus primarily on strengthening Network functions to enable access to age appropriate care, facilitate entry to clinical trials and ensure tumour banking is offered to every patient. The key changes to the Service Specification are as follows: 1. **Strengthening Network function:** Network provision for TYA cancer is not in place across all parts of England and in other parts

	Network are under-developed compared to Children's Cancer Networks. The Network role has been written as an Operational Delivery Network, reflecting the responsibilities to agree and direct patient pathways. The Specification now explicitly articulates the constitution of the Network and allows each Network to recommend shared care service configuration for commissioners to enact. This is to ensure that local cancer systems can start to take ownership of these pathways in a structured way. 2. **Introduction of joint care**: The Service Specification now enables TYA patients being treated in the TYA PTC to access some elements of their care locally at a TYA Designated Hospital, including chemotherapy and supportive care services. 3. **Requiring referral to the TYA MDT**: The Service Specification now requires that all TYA patients with a diagnosis of cancer must be referred to the TYA MDT. Additional resources will be made available to support the Networks to implement this change. 4. **Clarifying the role of providers in research**: The Service Specification clearly articulates the role of service providers in driving improvements in clinical trial recruitment and tumour banking. 5. **Clarifying the standards for Designated Hospitals**. The service requirements for Designated Hospitals are now captured in a separate Service Specification, enabling Networks to assess compliance and undertake designation/de-designation processes. 6. **Clinical co-dependencies**: Clinical co-dependencies for both PTCs and Designated Hospitals have been defined.

	Implementation of the Service Specifications is anticipated to have a minimal impact on provider landscape. However, all Networks will be expected to review and agree the appropriate configuration of their services. A provider self-declaration exercise in 2016 against the Peer Review standards showed that approximately 14% of Designated Hospitals (11 units) were unable to consistently deliver access to TYA social workers. These units were primarily located in the following Networks: (i) Yorkshire and Humber; (ii) South Central; (iii) North Midlands; and (iv) East of England. It is considered that these issues could be resolved with stronger Networks, better collaboration between providers in the same Network and increased referral to the TYA MDT which is a source of access to holistic support. The revised service specification maintains the existing Peer Review measures which require all Designated Hospitals to have named areas (i.e. inpatient wards and day case areas) for TYAs with cancer to be treated within. It is expected that TYAs with cancer would be admitted to these named areas in preference to others. This is in order to ensure that the clinical team is familiar with treating patients of this age group. The self-declaration exercise from 2016 demonstrated that approximately 10% of Designated Hospitals (8 units) could not provide named inpatient and daycase facilities for TYA care. Networks will need to work with these providers to ensure that they are able to meet the standards of the service specification.
B1.3 Will the specification require a new approach to the organisation of care?	**Other** See Section B1.3 and B3.1.

<table>
<tr><th colspan="2">B2 Geography & Access</th></tr>
<tr><td>B2.1 Where do current referrals come from?</td><td>Select all that apply:<table><tr><td>GP</td><td>☒</td></tr><tr><td>Secondary care</td><td>☒</td></tr><tr><td>Tertiary care</td><td>☒</td></tr><tr><td>Other</td><td>☐</td></tr></table></td></tr>
<tr><td>B2.2 What impact will the new service specification have on the sources of referral?</td><td><u>No impact</u></td></tr>
<tr><td>B2.3 Is the new service specification likely to improve equity of access?</td><td><u>Increase</u>

Source: Equalities Impact Assessment</td></tr>
<tr><td>B2.4 Is the new service specification likely to improve equality of access and/or outcomes?</td><td><u>Increase</u>

Source: Equalities Impact Assessment</td></tr>
<tr><th colspan="2">B3 Implementation</th></tr>
<tr><td>B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?</td><td><u>Contract action and Service organisation action</u></td></tr>
</table>

	It is anticipated that in Year 1 of implementation (April 2019 – March 2020) each Network, with the support of the relevant PTC and local commissioning teams, will agree its Network configuration including the number of Designated Hospitals. As a result of these discussions, provider contracts may need to be amended to reflect any changes. It is important to note that any changes to local configuration of services would be subject to NHS England's standard operating processes and procedures. It is anticipated that each provider in the Network will complete a Memorandum of Understanding (MoU), or other written agreement, setting out the role of the Network and the role of each provider within the Network.
B3.2 **Time to implementation:** Is a lead-in time required prior to implementation?	**Yes - go to B3.3** It is anticipated that full implementation of the revised service specifications will be achieved by April 2020. See Section B3.1 above. All current providers of TYA cancer services will be maintained until the revised Network configuration is agreed (if required).
B3.3 **Time to implementation:** If lead-in time is required prior to implementation, will an interim plan for implementation be required?	**Yes** See section B3.2.
B3.4 Is a change in provider physical infrastructure required?	**No** Currently no changes in provider physical infrastructure are anticipated, however, this may change over time and in line with agreed Network configuration.

<table>
<tr><td>B3.5 Is a change in provider staffing required?</td><td><u>No</u></td></tr>
<tr><td>B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?</td><td><u>No</u>

It should be noted that the revised service specification does clearly set out the clinical co-dependency requirements for both PTCs and Designated Hospitals. Networks will be expected to work with local commissioning teams to assess compliance against these standards during implementation.</td></tr>
<tr><td>B3.7 Are there changes in the support services that need to be in place?</td><td><u>No</u></td></tr>
<tr><td>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</td><td><u>Yes</u>

See section B3.1</td></tr>
<tr><td>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.</td><td><u>Not yet known</u>

See Sections B1.2 and B3.1 above</td></tr>
<tr><td>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</td><td><table><tr><td>Publication and notification of new service specification</td><td>☒</td></tr><tr><td>Market intervention required</td><td>☐</td></tr></table></td></tr>
</table>

	Competitive selection process to secure increase or decrease provider configuration ☐ Price-based selection process to maximise cost effectiveness ☐ Any qualified provider ☐ National Commercial Agreements e.g. drugs, devices ☐ Procurement ☐ Other* ☒ * See Section B3.1.
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**
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:* **Drugs** — Not separately charged – part of local or national tariffs ☐

		Excluded from tariff – pass through	☐
		Excluded from tariff - other	☐
	Devices	Not separately charged – part of local or national tariffs	☐
		Excluded from tariff (excluding ZCM) – pass through	☐
		Excluded from tariff (excluding ZCM) – other	☐
		Via Zero Cost Model	☐
	Activity	Paid entirely by National Tariffs	☐
		Paid entirely by Local Tariffs	☐
		Partially paid by National Tariffs	☒
		Partially paid by Local Tariffs	☒
		Part/fully paid under a Block arrangement	☐
		Part/fully paid under Pass-Through arrangements	☐
		Part/fully paid under Other arrangements	☐
C1.2 **Drug Costs** 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. NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	Not applicable.		
C1.3 **Device Costs**	Not applicable.		

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. NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.	
C1.4 **Activity Costs covered by National Tariff** List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	Activity costs are captured under the following prescribed service line: *TEENAGE AND YOUNG ADULTS CANCER*. Surgical activity may be captured under speciality specific codes. However, this is outside the scope of this service specification revision.
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 is 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.	There are no activity costs not covered by local or national tariffs.
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	**No**
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?	As current activity is paid at national tariff and there is no change in expected patient numbers, no financial model has been drawn up.

Are there any changes expected in year 6-10 which would impact the model?	Current activity is paid at national tariff so there will be no change to the unit cost and overall, we are no expecting a change in the overall patient numbers as a result of the revised Service Specification.
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.	**Cost neutral** However, it should be noted that each Network will receive additional resource from NHS England over the three-year period to support implementation of the new service specifications and strengthen the network function.
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.	Budget impact for CCGs: **Cost neutral** Budget impact for providers: **Cost neutral**

	Any impact on providers is expected to be minimal. See section B1.2 for further detail on impact on providers.
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	**Cost neutral**
C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured	Not applicable
C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?	**No**
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?	Not applicable. There is no change to the unit cost or overall patient numbers.
C6.2 How can these risks be mitigated?	Not applicable

<table>
<tr><td>C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?</td><td>Not applicable</td></tr>
<tr><td>C6.4 What scenario has been approved and why?</td><td>Not applicable</td></tr>
<tr><td colspan="2">C7 Value for Money</td></tr>
<tr><td>C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?</td><td>Not applicable.</td></tr>
<tr><td>C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?</td><td>Select all that apply:<table>
<tr><td>Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td><td>☐</td></tr>
<tr><td>Available pricing data suggests the service is lower cost compared to current/comparator treatment</td><td>☐</td></tr>
<tr><td>Available clinical practice data suggests the new service specification has the potential to improve value for money</td><td>☐</td></tr>
<tr><td>Other data has been identified</td><td>☐</td></tr>
<tr><td>No data has been identified</td><td>☒</td></tr>
<tr><td>The data supports a high level of certainty about the impact on value</td><td>☐</td></tr>
<tr><td>The data does not support a high level of certainty about the impact on value</td><td>☐</td></tr>
</table></td></tr>
</table>

C8 Non-Recurrent Costs	
C8.1 Are there non-recurrent revenue costs associated with this service specification?	**No**
C8.2 Are there any non-recurrent provider capital costs associated with the service specification?	**No**