

Rapid Assessment of Commissioning Implications for 1861 Ustekinumab for Crohn's disease for pre pubertal children

Key Implications	Proposed Approach	Rationale / Notes
Activity	No: patients affected in current financial year:	Nil as not for routine commissioning policy. Incidence for 3-18 years: around 250. For pre pubertal children: 250 x 60%= 150 children (assume 60% children are under the age of 11)
	No: patients affected in a full financial year:	Nil as not for routine commissioning policy. Incidence for 3-18 years: around 250. For pre pubertal children: 250 x 60%= 150 children (assume 60% children are under the age of 11)
Finance	Funded via: Other (please explain rationale)	Nil as a not for routine commissioning policy.
Estimated Savings / Investment	Estimated net cost / saving in current financial year (pye) in £k:	£0k
	Estimated net cost / saving in full financial year (fye) in £k:	£0k
	Financial advice and assurance received from: [REDACTED] (17/07/19)	
Impact on Provider Landscape	No change	There is no change as the policy is not for routine commissioning.
Equity	Is it anticipated that the proposal can be delivered equitably across England?	Yes as a not for routine commissioning policy.
Inequality	Is the proposal likely to disproportionately advantage or	There is no change as the policy is not for routine commissioning and this will apply to all patients in England.

	<p>disadvantage any groups with protected characteristics?</p> <p>No</p>	
Commissioner Actions	<p><i>Please set out list of key proposed actions to secure delivery (including dates)</i></p>	<p>The outcome of the CPAG decision is expected to be known by December 2019 at the latest and that position will be communicated by specialised circular to commissioners and providers.</p>

PoC Senior Team Sign Off Confirmed on: 17/07/19