

Integrated Impact Assessment Report for Clinical Commissioning Policies

Policy Reference Number	1750		
Policy Title	Vertebral Body Tethering for Scoliosis Proposal <u>not for routine commission</u> (ref A3.1)		
Lead Commissioner	David Stockdale	Clinical Lead	Vinay Jasani
Finance Lead	Click here to enter text.	Analytical Lead	Click here to enter text.

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.

Additional 80 patients per year
Source: Policy Proposition section 6

A1.2 Number of patients currently eligible for the treatment according to the proposed policy commissioning criteria.

N/A - do not routinely commission
Source: required
 Please specify
[Click here to enter text.](#)

A1.3 Age group for which the treatment is proposed according to the policy commissioning criteria.

All ages
 Please specify
[Click here to enter text.](#)

A1.4 Age distribution of the patient population eligible according to the proposed policy commissioning criteria

enter number. if relevant
Source: required
 Please specify
[Click here to enter text.](#)

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 %

A3 Activity	
A3.1 What is the purpose of new policy?	<p><u>Confirm non-routine commissioning position of an additional new treatment</u></p> <p>Please specify</p> <p>Click here to enter text.</p>
A3.2 What is the annual activity associated with the existing pathway for the eligible population?	<p>80</p> <p>Source:</p> <p>Please specify</p> <p>Policy proposition – based on British Spine Registry data</p>
A3.3 What is the estimated annual activity associated with the proposed policy proposition pathway for the eligible population?	<p>0</p> <p>Source: <i>required</i></p> <p>Please specify</p> <p>Do not routinely commission</p>
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>80</p> <p>Source: <i>required</i></p> <p>Please specify</p> <p>See A3.2</p>
A4 Existing Patient Pathway	
A4.1 Existing pathway: Describe the relevant currently routinely commissioned:	Existing treatment options include magnetic lengthened rods or surgically lengthened rods

<ul style="list-style-type: none"> • Treatment or intervention • Patient pathway • Eligibility and/or uptake estimates. 	<p><i>Source: NHS England policy</i></p>
A4.2. What are the current treatment access and stopping criteria?	<p>NA</p> <p><i>Source: Policy Proposition</i></p>
<p>A4.3 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> 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? 	<p>If not known, please specify Click here to enter text.</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) enter % e) enter % <p><i>Source: Evidence Review</i></p>
<p>A5 Comparator (next best alternative treatment) Patient Pathway</p> <p>(NB: comparator/next best alternative does not refer to current pathway but to an alternative option)</p>	
<p>A5.1 Next best comparator:</p> <p>Is there another 'next best' alternative treatment which is a relevant comparator?</p> <p><i>If yes, describe relevant</i></p> <ul style="list-style-type: none"> • <i>Treatment or intervention</i> • <i>Patient pathway</i> • <i>Actual or estimated eligibility and uptake</i> 	<p><u>Yes</u></p> <p>If yes, Existing treatment options include magnetic lengthened rods or surgically lengthened rods</p> <p><i>Source: NHS England policy</i></p>
A5.2 What percentage of the total eligible population is estimated to:	Total estimated eligible Not known

<ul style="list-style-type: none"> 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? 	<ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) enter % e) enter % <p><i>Source: required</i></p>
A6 New Patient Pathway	
<p>A6.1 What percentage of the total eligible population is expected to:</p> <ul style="list-style-type: none"> 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? 	<p>If not known, please specify N/A</p> <ul style="list-style-type: none"> a) enter % b) enter % c) enter % d) enter % e) enter % <p><i>Source: Do not routinely commission proposal</i></p>
<p>A6.2 Specify the nature and duration of the proposed new treatment or intervention.</p>	<p>Choose an item.</p> <p>For time limited treatments, specify frequency and/or duration.</p> <p>Click here to enter text.</p> <p><i>Source: Do not routinely commission proposal</i></p>
A7 Treatment Setting	
<p>A7.1 How is this treatment delivered to the patient?</p>	<p><u>Select all that apply: N/A</u></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: Click here to enter text.</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"/>	
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<p>A7.2 What is the current number of contracted providers for the eligible population by region?</p>	<table border="1"> <tr> <td>NORTH</td> <td>number</td> </tr> <tr> <td>MIDLANDS & EAST</td> <td>number</td> </tr> <tr> <td>LONDON</td> <td>number</td> </tr> <tr> <td>SOUTH</td> <td>number</td> </tr> </table>	NORTH	number	MIDLANDS & EAST	number	LONDON	number	SOUTH	number											
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<p>A7.3 Does the proposition require a change of delivery setting or capacity requirements?</p>	<p>No Please specify: Do not routinely commission Source: <i>Policy proposition</i></p>																			

A8 Coding

A8.1 Specify the datasets used to record the new patient pathway activity.

*expected to be populated for all commissioned activity

Select all that apply: N/A

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"/>
Other**	<input type="checkbox"/>

**If National Return, Clinical database or other selected, please specify:
[Click here to enter text.](#)

A8.2 Specify how the activity related to the new patient pathway will be identified.

Select all that apply: N/A

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"/>

	<div> <div>Clinical coding / terming methodology used by clinical profession</div> <div><input type="checkbox"/></div> </div>
A8.3 Identification Rules for Drugs: How are drug costs captured?	<p><u>Not applicable</u></p> <p>If the drug has already been specified in the current NHS England Drug List please specify drug name and drug indication: Click here to enter text.</p> <p>If the drug has NOT already been specified in the current NHS England Drug List please give details of action required and confirm that this has been discussed with the pharmacy lead: Click here to enter text.</p>
A8.4 Identification Rules for Devices: How are device costs captured?	<p><u>Not applicable</u></p> <p>If the device is covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance). Click here to enter text.</p> <p>If the device is not excluded from Tariff nor covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team. Click here to enter text.</p>
A8.5 Identification Rules for Activity: How are activity costs captured?	<p><u>Not captured by an existing specialised service line</u></p> <p>If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy). Click here to enter text.</p> <p>If activity costs are already captured please specify whether this service needs a separate code. Choose an item.</p> <p>If the activity is captured but the service line needs amendment please specify whether the proposed amendments have been documented and</p>

	<p>agreed with the Identification Rules team.</p> <p>Click here to enter text.</p> <p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the Identification Rules team. <u>No</u></p>						
A9 Monitoring							
<p>A9.1 Contracts</p> <p>Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule.</p>	<p><u>None</u></p> <p>Please specify</p> <p>Do not routinely commission</p>						
<p>A9.2 Excluded Drugs and Devices (not covered by the Zero Cost Model)</p> <p>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:</i></p> <table border="1"> <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: N/A</p>	Drugs or Device MDS	<input type="checkbox"/>	Blueteq	<input type="checkbox"/>	Other prior approval	<input type="checkbox"/>
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Blueteq	<input type="checkbox"/>						
Other prior approval	<input type="checkbox"/>						
<p>A9.3 Business intelligence</p> <p>Is there potential for duplicate reporting?</p>	<p><u>No</u></p> <p>If yes, please specify mitigation:</p> <p>Click here to enter text.</p>						
<p>A9.4 Contract monitoring</p> <p>Is this part of routine contract monitoring?</p>	<p><u>No</u></p> <p>If yes, please specify contract monitoring requirement:</p> <p>Click here to enter text.</p>						

<p>A9.5 Dashboard reporting</p> <p>Specify whether a dashboard exists for the proposed intervention?</p>	<p><u>No</u></p> <p>If yes, specify how routine performance monitoring data will be used for dashboard reporting.</p> <p>Click here to enter text.</p> <p>If no, will one be developed?</p> <p>No – do not routinely commission</p>
<p>A9.6 NICE reporting</p> <p>Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new policy?</p>	<p><u>No</u></p> <p>If yes, specify how performance monitoring data will be used for this purpose.</p> <p>Click here to enter text.</p>
<p>Section B - Service Impact</p>	
<p>B1 Service Organisation</p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)</p>	<p>Scoliosis centres are tertiary centres</p> <p><i>Source: Policy proposition</i></p>
<p>B1.2 Will the proposition change the way the commissioned service is organised?</p>	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p> <p><i>Source: required</i></p>
<p>B1.3 Will the proposition require a new approach to the organisation of care?</p>	<p><u>No change to delivery of care</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>

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"/>
Other	<input type="checkbox"/>

Please specify:

[Click here to enter text.](#)

B2.2 What impact will the new policy have on the sources of referral?

No impact

Please specify:

Do not routinely commission

B2.3 Is the new policy likely to improve equity of access?

No impact

Please specify:

Do not routinely commission

Source: Equalities Impact Assessment

B2.4 Is the new policy likely to improve equality of access and/or outcomes?

No impact

Please specify:

Do not routinely commission

Source: Equalities Impact Assessment

B3 Implementation	
B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?	<p><u>No action required</u></p> <p>Please specify:</p> <p>Do not routinely commission</p>
<p>B3.2 Time to implementation:</p> <p>Is a lead-in time required prior to implementation?</p>	<p><u>No - go to B3.4</u></p> <p>If yes, specify the likely time to implementation: Enter text</p>
<p>B3.3 Time to implementation:</p> <p>If lead-in time is required prior to implementation, will an interim plan for implementation be required?</p>	<p>Choose an item.</p> <p>If yes, outline the plan:</p> <p>Click here to enter text.</p>
B3.4 Is a change in provider physical infrastructure required?	<p><u>No</u></p> <p>Please specify:</p> <p>Do not routinely commission</p>
B3.5 Is a change in provider staffing required?	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>
B3.7 Are there changes in the support services that need to be in place?	<p><u>No</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>

<p>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p>No Please specify: Click here to enter text.</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>No change <i>Please complete table:</i></p> <table border="1"> <thead> <tr> <th>Region</th> <th>Current no. of providers</th> <th>Future State expected range</th> <th>Provisional or confirmed</th> </tr> </thead> <tbody> <tr> <td>North</td> <td></td> <td></td> <td>select</td> </tr> <tr> <td>Midlands & East</td> <td></td> <td></td> <td>select</td> </tr> <tr> <td>London</td> <td></td> <td></td> <td>select</td> </tr> <tr> <td>South</td> <td></td> <td></td> <td>select</td> </tr> <tr> <td>Total</td> <td></td> <td></td> <td>select</td> </tr> </tbody> </table> <p>Please specify: Click here to enter text.</p>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North			select	Midlands & East			select	London			select	South			select	Total			select
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<p>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</p>	<p><i>Select all that apply: N/A</i></p> <table border="1"> <tbody> <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> </tbody> </table>	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"/>														
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Other	<input checked="" type="checkbox"/>																		
Please specify: Click here to enter text.																			
B4 Place-based Commissioning																			
B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)	No Please specify: Click here to enter text.																		
Section C - Finance Impact																			
C1 Tariff/Pricing																			
C1.1 How is the service contracted and/or charged? Only specify for the relevant section of the patient pathway	<table border="1"> <tr> <td colspan="3"><i>Select all that apply: N/A</i></td> </tr> <tr> <td rowspan="3">Drugs</td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff - other</td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="3">Devices</td> <td>Not separately charged – part of local or national tariffs</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – pass through</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Excluded from tariff (excluding ZCM) – other</td> <td><input type="checkbox"/></td> </tr> </table>		<i>Select all that apply: N/A</i>			Drugs	Not separately charged – part of local or national tariffs	<input type="checkbox"/>	Excluded from tariff – pass through	<input type="checkbox"/>	Excluded from tariff - other	<input type="checkbox"/>	Devices	Not separately charged – part of local or national tariffs	<input type="checkbox"/>	Excluded from tariff (excluding ZCM) – pass through	<input type="checkbox"/>	Excluded from tariff (excluding ZCM) – other	<input type="checkbox"/>
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		Via Zero Cost Model	<input type="checkbox"/>
	Activity	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"/>
		Part/fully paid under Other arrangements	<input type="checkbox"/>
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.	N/A		
C1.3 Device Costs 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.	N/A		
C1.4 Activity Costs covered by National Tariffs List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)	N/A		

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.	N/A											
C1.6 Other Activity Costs not covered by National or Local Tariff Include descriptions and estimates of all key costs.	N/A											
C1.7 Are there any prior approval mechanisms required either during implementation or permanently?	<u>No</u> Please specify: Click here to enter text.											
C2 Average Cost per Patient												
C2.1 What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required? Are there any changes expected in year 6-10 which would impact the model?	<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> If yes, please specify: N/A – Do not routinely commission		YR1	enter number.	YR2	enter number.	YR3	enter number.	YR4	enter number.	YR5	enter number.
YR1	enter number.											
YR2	enter number.											
YR3	enter number.											
YR4	enter number.											
YR5	enter number.											
C3 Overall Cost Impact of this Policy to NHS England												

C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<u>Cost neutral</u> Please specify: Do not routinely commission
C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	N/A
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?	N/A
C4 Overall cost impact of this policy 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: <u>Cost neutral</u> Budget impact for providers: <u>Cost neutral</u> Please specify: Do not routinely commission
C4.2 Taking into account responses to C3.1 and C4.1, specify the budget impact to the NHS as a whole.	<u>Cost neutral</u> Please specify: Do not routinely commission
C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured	N/A

C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?	<u>No</u> Please specify: Do not routinely commission
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.	N/A
C6 Financial Risks Associated with Implementing this Policy	
C6.1 What are the material financial risks to implementing this policy?	N/A
C6.2 How can these risks be mitigated?	N/A
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	N/A
C6.4 What scenario has been approved and why?	N/A
C7 Value for Money	

C7.1 What published evidence is available that the treatment is cost effective as evidenced in the evidence review?	<p><u>There is no published evidence of cost-effectiveness</u></p> <p>Please specify:</p> <p>Click here to enter text.</p>														
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td data-bbox="1093 336 2056 427">Available pricing data suggests the treatment is equivalent cost compared to current/comparator treatment</td><td data-bbox="2067 336 2128 427"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1093 435 2056 525">Available pricing data suggests the treatment is lower cost compared to current/comparator treatment</td><td data-bbox="2067 435 2128 525"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1093 533 2056 620">Available clinical practice data suggests the new treatment has the potential to improve value for money</td><td data-bbox="2067 533 2128 620"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1093 628 2056 671">Other data has been identified</td><td data-bbox="2067 628 2128 671"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1093 679 2056 722">No data has been identified</td><td data-bbox="2067 679 2128 722"><input checked="" type="checkbox"/></td></tr> <tr> <td data-bbox="1093 730 2056 820">The data supports a high level of certainty about the impact on value</td><td data-bbox="2067 730 2128 820"><input type="checkbox"/></td></tr> <tr> <td data-bbox="1093 828 2056 917">The data does not support a high level of certainty about the impact on value</td><td data-bbox="2067 828 2128 917"><input type="checkbox"/></td></tr> </table> <p>Please specify:</p> <p>Click here to enter text.</p>	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 checked="" type="checkbox"/>	The data supports a high level of certainty about the impact on value	<input type="checkbox"/>	The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>
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The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>														
<p>C8 Cost Profile</p>															
C8.1 Are there non-recurrent capital or revenue costs associated with this policy?	<p><u>No</u></p> <p>If yes, specify type and range:</p> <p>Click here to enter text.</p>														

C8.2 If yes, confirm the source of funds to meet these costs.

[Click here to enter text.](#)