NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Costing statement: Psychosis and schizophrenia in adults: treatment and management

Implementing the NICE guideline on Psychosis and schizophrenia in adults (CG178)

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1 Introduction

1.1 This costing statement considers the cost implications of implementing the recommendations made in Psychosis and schizophrenia in adults: treatment and management (NICE clinical guideline 178). A costing statement has been produced because there is wide variation in services across the country, resource implications therefore need to be considered at a local level.

1.2 Services for people with a diagnosis of psychosis or schizophrenia are commissioned by Clinical Commissioning Groups, except if there is a need for specialised services or if people with a diagnosis require primary care services, in which case the commissioner is NHS England. Services are also commissioned by local authorities as part of social care.

1.3 The guideline might have resource implications at a local level as a result of variation in clinical practice across the country. Therefore, we encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs locally. Some of the resource effects to be considered locally are discussed in this statement.

1.4 Implementation of this guidance may have some local cost implications in areas such as psychological therapies, drug treatments and monitoring and management of physical health. It is unlikely to lead to short-term savings and benefits, but may help the efficient use of resources and lead to long-term savings and benefits.

2 Background

2.1 The guideline covers the treatment and management of psychosis and schizophrenia and related disorders in adults (18 years and older) with onset before age 60. In this guideline ‘psychosis’ refers to the group of psychotic disorders that includes schizophrenia, schizoaffective disorder,

schizophreniform disorder and delusional disorder. The guideline does not address the specific treatment of young people under the age of 18, except those who are receiving treatment and support from early intervention in psychosis services.

2.2 Approximately 220,000 people in England and Wales have a diagnosis of schizophrenia. Schizophrenia often has a considerable impact on a person's life. Outcomes vary between people, but it is associated with premature mortality. In 2007 it accounted for approximately 30% of the total expenditure on adult mental health and social care services (HQIP and The Royal College of Psychiatrists 2012). It is also responsible for substantial economic costs from lost productivity because of unemployment or absence from work.

2.3 In 2012 Healthcare Quality Improvement Partnership (HQIP) and The Royal College of Psychiatrists commissioned a national audit on schizophrenia. The report highlighted a number areas covered by this guideline which may require investment in services at a local level. They are:

- the availability of psychological therapies
- trials of clozapine for people who have a treatment resistant illness
- monitoring and management of physical health.

3 Areas with a potential resource impact

3.1 Resource implications associated with implementing this guideline need to be determined at a local level.

Costs

3.1.1 The guideline recommends the use of cognitive behavioural therapy (CBT) in a number of areas .The availability of psychological treatments was identified as a key issue in the national audit on schizophrenia. Depending on whether people are being treated for common mental health problems or a first episode of psychosis, the cost of CBT is between £250 and £300 for an initial assessment, and around £100 for

follow-up attendances (National schedule of reference costs 2012/13). The guideline recommends 16 sessions for individual CBT and 10 sessions for family interventions, giving a cost of between £1750 and £1800 for individual CBT, and £1150 and £1200 for family interventions. Expert opinion suggests that some early intervention services may be time limited at 2 years. The guideline recommends beyond 3 years if the person has not made a stable recovery.

3.1.2 The availability of support for carers needs to be reviewed at a local level. Costs are anticipated to be similar to those for family interventions. The commissioning of support for carers (initial assessments and follow-up) would be undertaken by Clinical Commissioning Groups.

3.1.3 The use of peer support may have a cost impact and implications for human resources and occupational health departments. Expert opinion suggests this requires more than just training for the peer support and will require a change in human resources and occupational health team training as well. For example, peers may be employed in addition to traditional staff or instead of them in certain specific roles (such as case managers). A peer support worker may provide support for a caseload of 20 people per year and need ongoing training; they may also have mental health conditions and require a more supportive relationship with their employer.

3.1.4 The national audit on schizophrenia states that prescribing practice was very good in many Trusts. The recommended approach for treatment-resistant illness is to prescribe clozapine (recommendation 1.5.7.2). The Clinical Commissioning Groups should review local use of antipsychotic medication to assess whether the recommended approach is being used.

3.1.5 The NHS health checks programme for people aged 40 to 74 is now commissioned by local government and delivered in primary care. Health checks in primary care that are not part of this programme are commissioned by NHS England. The national audit on schizophrenia highlights that ‘the most serious deficits to emerge were in the monitoring

and management of physical health problems. Those with schizophrenia have increased risks of premature death from coronary heart disease.' The NHS health checks programme may be used in some localities in a targeted way for people with psychosis and schizophrenia who are at greater risk. Expert opinion suggests that such services need to be promoted and reasonable adjustments need to be made for the services to be accessible in a sustainable way, for example a consultation with a primary care nurse offering a fairly standard long term condition type of check. This could take 30 minutes of nurse time to encompass the physical check and provide health promotional advice and education.

3.1.6 There may be costs from supported employment programmes, depending on current local services. Costs may be incurred from using employment specialists or employing additional occupational therapists .Good early assessment may help people to keep their job when they present to services. Expert opinion suggests there is a need to build capacity in this area and that having a focus on employment would be a change to current practice. Supported employment programmes require integrated commissioning with involvement of both the NHS and Department for Work and Pensions. For example, people with psychosis or schizophrenia should be able to do some sessions of paid work without the fear of cuts to their benefits.

Potential savings

3.1.7 Expert opinion suggests there are unlikely to be any significant short-term savings and benefits from these recommendations because of the long term nature of psychosis and schizophrenia treatment. However, savings are likely to arise in the future from avoiding adverse health events and from the economic benefit of people keeping their jobs or returning to work.

3.1.8 The projected costs of not adhering to best practice and how these increase up to the year 2026 have been assessed by McCrone P et al (2008) for The King's Fund. The assessment considers potential savings

from implementing early intervention and other initiatives recommended in the NICE guidance.

3.1.9 Costs and savings identified for schizophrenia from the report are:

- Total service costs for England in 2007 were estimated to be £2.2 billion, rising to £3.7 billion by 2026. With the inclusion of lost employment costs the total in 2007 was estimated to be £4 billion and £6.5 billion by 2026.
- Savings to the NHS of between £4 million and £22 million in 2007 would have occurred if crisis resolution/home treatment services were considered for 60–100 per cent of potential admissions.
- For 2010 health care savings could have been £9 million if early intervention services were provided to 60 per cent of new cases of schizophrenia. This could increase to £44 million if coverage were 100 per cent.
- If early detection services could be rolled out to achieve 100 per cent coverage by 2026 then NHS savings of £18.4 million could be realised
- Based on unpublished data from the Institute of Psychiatry, The King's Fund estimates that in the first year of receiving an early detection service there are extra costs of £813 per person. However, due to subsequent reductions in inpatient use there are savings of £1,803 in the subsequent year.

Savings identified from early intervention for psychosis are:

- Healthcare savings of £5000 per person from reduced admissions as a result of early intervention services
- Full implementation of early detection services for first episode psychosis could result in NHS savings of up to £4 million by 2026

4 Conclusion

4.1 The resource implications need to be considered at a local level because of the variation in services across the country. Implementing the recommendations may mean some investment in local services. This is unlikely to lead to short-term savings and benefits, but may help the efficient use of resources and lead to long-term savings and benefits. It

will also be important to consider the overall local impact of not implementing the recommendations.

5 References

HQIP and The Royal College of Psychiatrists. Report of the National Audit of Schizophrenia (NAS) 2012

National schedule of reference costs (2012/13) Mental health care cluster – initial assessments; Mental health – other services (specialist teams – adult and elderly)

McCrone P, Dhanasiri S et al (2008) Paying the price – The cost of mental health care in England to 2026. Available [online] from: http://www.kingsfund.org.uk/sites/files/kf/Paying-the-Price-the-cost-of-mental-health-care-England-2026-McCrone-Dhanasiri-Patel-Knapp-Lawton-Smith-Kings-Fund-May-2008_0.pdf

Further reading

National Institute for Health Research (2009) Cognitive behaviour therapy for schizophrenia. Evidence briefing for Leeds Partnership NHS Foundation Trust

Trachtenberg M, Parsonage M, Shepherd G et al. (2013) Peer support in mental health care: is it good value for money? Centre for Mental Health, London

About this costing statement

This costing statement accompanies the clinical guideline: Psychosis and schizophrenia in adults: treatment and management (NICE clinical guideline xxx).

Issue date: February 2014

This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with the NICE guideline. The statement is an implementation tool and focuses on those areas that were considered to have potential impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

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