



Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Recommendations

NICE has recommended using QbTest as an option to help diagnose attention deficit hyperactivity disorder (ADHD) in people aged 6 to 17 years. It should only be used with standard clinical assessment by a healthcare professional.

Sections 1.2 to 1.4 of the [guidance](#) provide more details of which digital technologies can only be used in research.

Access to the digital technologies for the uses described in [sections 1.2 and 1.3 of the guidance](#) should be through company, research, or non-core NHS funding, and clinical or financial risks should be appropriately managed.

Eligible population for QbTest

Around 5% (416,806) of people aged 6 to 17 years are estimated to have ADHD in England.

Table 1 Eligible population for QbTest in England

ADHD diagnosis	Number of people	Percentage of people, %
People aged 6 to 17 years with ADHD	416,806	–
People with ADHD who have a formal diagnosis	87,529	21
People with ADHD who do not have a formal diagnosis (eligible population)	329,277	79

The data in table 1 is based on [ADHD UK data](#).

Abbreviations: ADHD, attention deficit hyperactivity disorder.

The use of QbTest may lead to an increased number of children being diagnosed with ADHD and having treatment.

Current treatment options

The current treatment options are in line with the [NICE guideline on ADHD diagnosis and management](#).

QbTest is not intended to be used as a standalone test, but as a decision support tool for use during standard clinical assessment. Use of the QbTest may help achieve a diagnostic decision quicker than current practice, requiring shorter or fewer diagnosis appointments with healthcare professionals.

Financial resource impact (cash items)

QbTest represents an additional cost as it can only be used with standard clinical assessment by a healthcare professional. Based on the company's submission, most NHS trusts in England pay a fee of £31.20 per test excluding VAT, but the fee varies between £23 and £96 depending on volume used. The fee includes clinical and technical support, hardware and software. The company states that its clinical advisors provide onsite training for each clinic and scheduled telephone calls for interpretation support as needed.

Because the use of a QbTest with standard clinical assessment may lead to an increased number of children diagnosed, there may also be an associated increase in the uptake of pharmacological treatments. The cost per child per year for pharmacological treatment for ADHD ranges from £131 to £817 with an average of £425 per child per year.

Currently, it is estimated that around 62% (54,268) of the people aged 6 to 17 years with diagnosed ADHD have pharmacological treatments. For every additional 10,000 children having pharmacological treatments, table 2 illustrates the potential resource impact.

Table 2 Resource impact if an additional 10,000 children have pharmacological treatments

Drug cost	Unit cost, £	Resource impact, £
Lowest price	131	1,310,000
Highest price	817	8,170,000
Average price	425	4,250,000

Drug prices have been taken from the [BNF for children](#). Doses used are based on the external assessment group (EAG) report but will vary depending on individual circumstances. Unit costs do not include VAT as treatments are assumed to be prescribed in primary care. Cost could vary depending on dose titrations.

For further analysis of the unit costs or to calculate the financial impact of cash items, see the [resource impact template](#). Users are required to input local assumptions.

Capacity impact

QbTest with standard clinical assessment may lead to an increased number of children diagnosed with ADHD, and may:

- Increase the speed of assessment and help reduce the number or length of clinical appointments needed to reach a diagnosis. The number and length of appointments varies across the country.
- Reduce patient waiting lists as people have quicker diagnostic assessment and access to further care. The [Nuffield Trust webpage on the rapidly growing waiting lists for autism and ADHD assessments](#) states that waiting times for ADHD assessment are long, with patients often waiting more than 2 years.
- Have an impact on staff training time to use QbTest in the first year. Training covers test administration (1 hour) and interpretation (4 hours).
- Increase demand for school-based interventions, parent or carer management training, and speech and language therapy interventions.

To calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#). Users are required to input local

assumptions.

Key information

Table 3 Key information

Speciality	Mental Health Services
Disease area	Attention deficit hyperactivity disorder
Programme budgeting category	PBC6X - Problems of Learning Disability
Commissioner(s)	Integrated care boards
Provider(s)	Mental health services
Pathway position	Diagnosis

About this resource impact summary report

This resource impact summary report accompanies the [NICE guidance on digital technologies for assessing attention deficit hyperactivity disorder](#) and should be read with it.

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