NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Post-traumatic stress disorder (NG116)

Published: December 2018

Summary

This report focuses on the recommendations from the NICE guideline on post-traumatic stress disorder (PTSD) that we think will have the greatest resource impact nationally for England.

The guideline is a partial update of NICE guideline CG26 (published March 2005) and replaces it. There are no significant changes in the guideline which have a significant resource impact but clinical expert opinion suggests that not all the recommendations in the previous guideline have been fully implemented. This report and supporting local template have been prepared to help commissioners and providers implement the guideline in full.

Recommendations that have not been fully implemented cover:

- promoting access to care
- providing psychological and psychosocial interventions for the prevention and treatment of PTSD.

Services for people with PTSD are commissioned by clinical commissioning groups, and NHS England (for people leaving the armed forces). The Ministry of Defence commissions medical services for armed forces personnel who are still in service (the guideline does not cover theatres of military conflict). Providers are IAPT services, NHS hospital trusts, primary care services and the UK armed forces mental health services.

1 Introduction

1.1 The guideline offers best practice advice on post-traumatic stress disorder (PTSD).

1.2 This report discusses the resource impact of implementing the NICE guideline on PTSD in England. It aims to help organisations plan for the financial implications of implementing the guideline.

1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally.

1.4 A local resource impact template accompanies this report to help provider and commissioning organisations with assessing the resource impact at a local level. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

1.5 Services for people with PTSD are commissioned by clinical commissioning groups, and NHS England (for people leaving the armed forces). The Ministry of Defence commissions medical services for armed forces personnel who are still in service (the guideline does not cover theatres of military conflict). Providers are IAPT services, NHS hospital trusts, primary care services and the UK armed forces mental health services.

2 Background

2.1 The guideline is a partial update of NICE guideline CG26 (published March 2005) and replaces it. New evidence reviews were done on many areas, including access to care and management of PTSD. There are no significant changes in the guideline that will have a resource impact but clinical expert opinion suggests that the recommendations in the previous guideline have not been fully implemented. This report and supporting local

template have been prepared to help commissioners and providers implement the guideline in full.

2.2 Traumatic events include, but are not limited to, the following events: serious accidents; physical and sexual assault; abuse, including childhood or domestic abuse; work-related exposure to trauma; traumatic childbirth; war and conflict; torture. About a third of adults in England report having experienced at least one traumatic event (Adult psychiatric morbidity survey 2014).

2.3 Individuals who experience such trauma may go on to develop PTSD. PTSD is a severe and disabling condition, characterised by flashbacks, nightmares, avoidance, numbing and hypervigilance.

3 Recommendations with potential resource impact

3.1 *Access to care*

The guideline recommends promoting access to services for people with PTSD (see **recommendation 1.3.1**).

Background

3.1.1 Clinical experts suggest that this recommendation is good practice that will help improve consistency of care. It will result in improved uptake and engagement with services compared to current practice.

3.1.2 The recommendation may lead to more people with PTSD accessing mental health care.

Costs

3.1.3 There may be a need for additional staff time or appropriately trained staff to deliver treatments specifically for people with PTSD (see sections 3.2 and 3.3 for further details of interventions).

3.1.4 It is difficult to estimate the additional number of people who will access services as a result of this recommendation. As an example, if there were an extra 100 people with PTSD who accessed services and received an episode of IAPT treatment, at a cost of £310, the total additional cost would be around £31,000. The cost per episode for IAPT treatment is based on the National Reference Costs 2016-17 (mental health services cluster 01: Common mental health problems (low severity). These costs should be assessed locally.

Benefits and savings

3.1.5 Improving access to care and engagement with services may help reduce long term costs associated with poor access to services. These costs include delayed treatments and the complications that result from disease progression to severe levels.

3.2 *Psychological interventions for the prevention and treatment of PTSD in children and young people*

The guideline recommendation for prevention:

- Consider a group trauma-focused CBT intervention for children and young people aged 7 to 17 years if there has been an event within the last month leading to large scale shared trauma (**recommendation 1.6.7).**

The guideline recommendations for treatments:

- Consider an individual trauma-focused CBT intervention for children aged 5 to 6 years with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 1 month after a traumatic event (**recommendation 1.6.9)**.
- Consider an individual trauma-focused CBT intervention for children and young people aged 7 to 17 years with a diagnosis of PTSD or clinically important symptoms of PTSD who have

presented between 1 and 3 months after a traumatic event (**recommendation 1.6.10)**.

- Offer an individual trauma-focused CBT intervention to children and young people aged 7 to 17 years with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 3 months after a traumatic event (**recommendation 1.6.11**).
- Consider eye movement desensitisation and reprocessing (EMDR) for children and young people aged 7 to 17 years with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 3 months after a traumatic event only if they do not respond to or engage with trauma-focused CBT (**recommendation 1.6.13)**.

Background

3.2.1 Clinical experts highlight that access to psychological and psychosocial interventions for PTSD is not widely available across the country.

3.2.2 Clinical experts also suggest that although the recommendation on EMDR is new, any impact on practice should be limited by the fact that it should only be considered for children who do not respond to, or engage with trauma-focused CBT.

Costs

3.2.3 There may be a need for:

- additional staff time or staff who are appropriately trained and have the right capacity and skills mix to deliver interventions
- additional clinical supervision if additional staff are recruited
- equipment or devices for EMDR therapy sessions, for example, audio scans, vibrating blocks, eye scans and tripods.

3.2.4 IAPT curricula and training materials can be accessed on the IAPT section of the HEE website.

3.2.5 A local resource impact template has been developed to help organisations assess the costs of psychological treatments, supervision and training at a local level.

3.3 *Psychological and psychosocial interventions for the prevention and treatment of PTSD in adults*

The guideline recommendation for prevention:

- Offer an individual trauma-focused CBT intervention to adults who have acute stress disorder or clinically important symptoms of PTSD and have been exposed to 1 or more traumatic events within the last month (**recommendation 1.6.15**).

The guideline recommendations for treatment:

- Offer an individual trauma-focused CBT intervention to adults with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 1 month after a traumatic event (**recommendation 1.6.16**).
- Consider EMDR for adults with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented between 1 and 3 months after a non-combat-related trauma if the person has a preference for EMDR (**recommendation 1.6.18**).
- Offer EMDR to adults with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 3 months after a non-combat-related trauma (**recommendation 1.6.19**).
- Consider supported trauma-focused computerised CBT for adults with a diagnosis of PTSD or clinically important symptoms of PTSD who have presented more than 3 months after a traumatic event if they prefer it to face-to-face trauma-focused CBT or EMDR as long as they do not have severe PTSD symptoms, in particular dissociative symptoms **and** they are not at risk of harm to themselves or others (**recommendation 1.6.21**).

Background

3.3.1 Clinical experts highlight that access to psychological and psychosocial interventions for PTSD is not widely available across the country and access is frequently very difficult and with long waiting times.

3.3.2 For example, early intervention (within a month of a traumatic event) is not commonly offered in most centres and EMDR is not widely available in the NHS.

3.3.3 Clinical experts suggest that there could be an increase in demand for psychological or psychosocial therapy.

Costs

3.3.4 There may be a need for:

- additional staff time or staff who are appropriately trained and have the right capacity and skills mix to deliver interventions
- additional clinical supervision where additional staff are needed
- equipment or devices for EMDR therapy sessions, for example, audio scans, vibrating blocks, eye scans and tripods.

3.3.5 IAPT curricula and training materials can be accessed on the IAPT section of the HEE website.

3.3.6 A local resource impact template has been developed to help organisations assess the costs of psychological treatments, supervision and training at a local level. The template does not include unit costs of interventions because there are currently no national prices for mental health services and IAPT. Contracts are often for a block of activity including various aspects of service provision. Organisations should input locally agreed prices in order to estimate the resource impact. It is anticipated that the potential impact on providers could be around staffing and training.

Benefits and Savings

3.3.7 Economic evidence showed that early access (prevention or treatment) to the right type of psychological therapy improved PTSD symptoms in adults who had experienced a traumatic event within the last month. It also reduced the number of adults who progressed to meet the criteria to be diagnosed with PTSD after 1 month.

3.3.8 Early access (prevention or treatment) might reduce long term costs associated with the effects of delayed treatments, or example, future demand of specialised mental health services associated with severe cases of PTSD.

3.4 *Benefits*

3.4.1 The updated guideline could help raise awareness of the condition and improve access and coordination of care. It could also help improve quality of life through the delivery of timely and appropriate treatments for people with clinically important symptoms or a diagnosis of PTSD.

3.5 *Other considerations*

3.5.1 Clinical experts highlighted that the recommendations to not offer drug treatments for the prevention or treatment of PTSD in children and young people aged under 18 years, and for the prevention of PTSD in adults (recommendations 1.6.14 and 1.6.24) might lead to limited cost savings because of reduced drug use. Savings should be assessed locally.

4 Implications for commissioners

4.1 The replacement guideline does not have any significant new recommendations. Commissioners should consider progress already made in implementing the recommendations in the updated guideline.

4.2 PTSD falls under programme budgeting category 05X - Other Mental Health Disorders.

About this resource impact report

This resource impact report accompanies the NICE guideline on post-traumatic stress disorder and should be read in conjunction with it. See terms and conditions on the NICE website.