

Putting NICE guidance into practice

Resource impact report: Cerebral palsy in adults (NG119)

Published: January 2019

Summary

This report focuses on the recommendations from NICE's guideline on [cerebral palsy in adults](#) that we think will have the greatest resource impact nationally (for England), and will need the most additional resources to implement or potentially generate the biggest savings. They are:

- Refer adults with cerebral palsy to a multidisciplinary team experienced in the management of neurological impairments if:
 - their ability to carry out their usual daily activities deteriorates or
 - a neurological or orthopaedic procedure is being considered that may affect their ability to carry out their usual daily activities.
- Offer an annual review of the person's clinical and functional needs, carried out by a member of the clinical team for people with cerebral palsy who have complex needs (such as GMFCS levels IV and V) and any of the following:
 - with communication difficulties
 - with learning disabilities
 - in long-term care settings
 - living in the community without sufficient practical and social support
 - with multiple comorbidities.

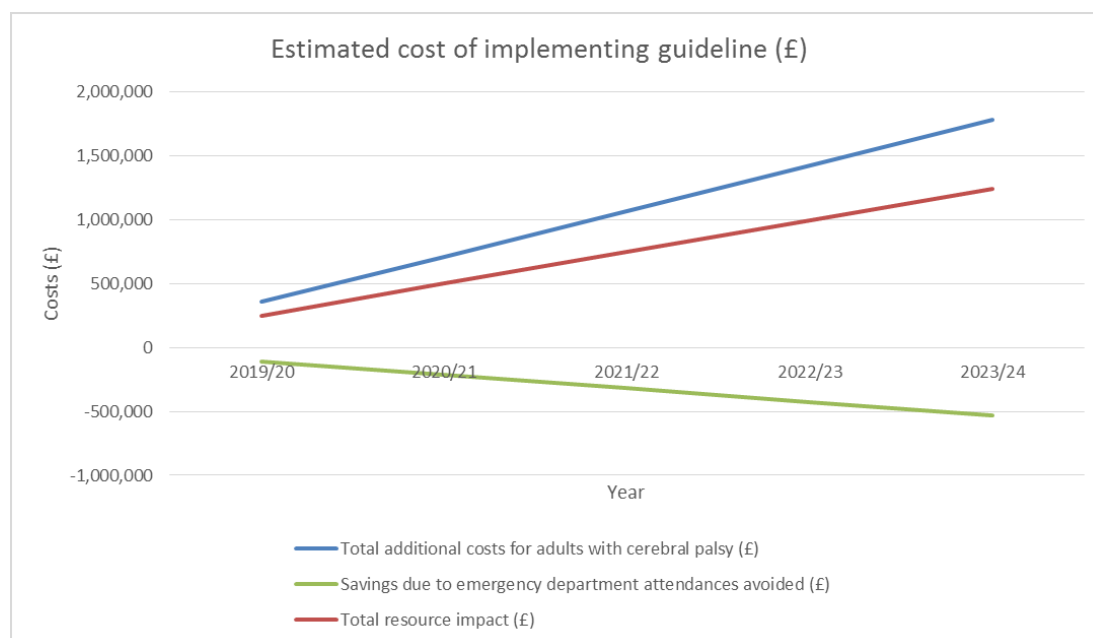
Financial impact

The estimated financial impact of implementing this guideline for England will vary depending on current practice. Based on the scenario of an additional 10% of adults with cerebral palsy being referred to a multidisciplinary team (MDT) and an additional 10% of adults with cerebral palsy and complex needs receiving annual review, the overall budget impact for England is a cost of £1,243,600. Assuming this increase takes 5 years the impact per financial year is shown in table 1 below. Commissioners are expected to review their local circumstances and use the resource template to calculate costs and savings at a local level. The 10% change in referrals modelled is purely indicative and should not be taken as the cost of implementing guideline at a local level.

Table 1 Indicative annual cost of implementing the guideline

Recommendation	2019/20 (£'000)	2020/21 (£'000)	2021/22 (£'000)	2022/23 (£'000)	2023/24 (£'000)
Costs					
Referring adults with cerebral palsy to a MDT	244	487	731	974	1,218
Annual review of adults with cerebral palsy and complex needs	112	224	337	449	561
Total costs (£)	356	711	1,067	1,423	1,778
Savings					
Reduced emergency department attendances	(107)	(214)	(321)	(428)	(535)
Net budget impact (£)	249	497	746	995	1,244

Figure 1 Indicative annual cost of implementing the guideline



1 Introduction

- 1.1 The guideline offers best practice advice on cerebral palsy in adults.
- 1.2 This report discusses the resource impact of implementing our guideline on cerebral palsy in adults in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.
- 1.4 Cerebral palsy services are commissioned by clinical commissioning groups. Providers are NHS hospital trusts, community care providers and primary care.

2 Background

- 2.1 Cerebral palsy affects around 1 in 400 live births and life expectancy for people with cerebral palsy is similar to that of the general population. Therefore around 1 in 400 adults have cerebral palsy.
- 2.2 Life expectancy is increasing for adults with cerebral palsy who have substantial health and social care needs. This leads to challenges for health and social services to maintain people's health and wellbeing and support their participation and integration in society.
- 2.3 There is significant variation in the recognition and management of cerebral palsy in adults. This has made estimating the resource impact of implementing the guidance difficult which is why a local template has been produced.

3 Recommendations with potential resource impact

Recommendation

- 3.1 Refer adults with cerebral palsy to a multidisciplinary team experienced in the management of neurological impairments if:
- their ability to carry out their usual daily activities deteriorates or
 - a neurological or orthopaedic procedure is being considered that may affect their ability to carry out their usual daily activities.

Background

- 3.1.1 The committee agreed that access to specialist multidisciplinary teams is particularly important when a person with cerebral palsy experiences a deterioration in their ability to carry out usual daily activities, or when a neurosurgical or orthopaedic procedure is being considered that may affect their abilities.
- 3.1.2 No robust data exists around the proportion of adults with cerebral palsy who are currently referred to a multidisciplinary team experienced in the management of neurological impairments. We have therefore modelled an additional 10% of adults with cerebral palsy being referred to a multidisciplinary team.

Population

- 3.1.3 Cerebral palsy affects around 1 in 400 live births and life expectancy for people with cerebral palsy is similar to that of the general population. Therefore around 1 in 400 adults have cerebral palsy, equivalent to around 108,707 adults in England.
- 3.1.4 An indicative 10% increase in referrals equates to 10,871 people.

Costs

- 3.1.5 The cost of these referrals was assumed to be £112 based on the national reference cost for cancer multidisciplinary teams as an indicative cost.
- 3.1.6 Reference costs for cancer MDT were used as there is no national tariff or reference cost for cerebral palsy MDT.

Financial impact

- 3.1.7 The financial impact of an indicative 10% increase in referrals of £1,217,500 per annum for England is set out in table 2 below.
- 3.1.8 Commissioners are expected to review their local circumstances and use the resource template to calculate costs and savings at a local level. The 10% change in referrals modelled is purely indicative and should not be taken as the cost of implementing guideline at a local level.
- 3.1.9 Organisations should use the resource impact template to model the anticipated impact at a local level.

Table 2 Estimated annual cost of a 10% increase in referrals for adults with cerebral palsy to a multidisciplinary team experienced in the management of neurological impairment

	Unit cost (£)	Number of people	Cost (£)
Adults with cerebral palsy referred to a MDT	112	10,871	1,217,500

Benefits and savings

- 3.1.10 Referring people to a multidisciplinary team experienced in the management of neurological impairments can help ensure that people receive support that they need to continue to participate in their daily activities.

Recommendation

3.2 Offer an annual review of the person's clinical and functional needs, carried out by a member of the clinical team, for people with cerebral palsy who have complex needs (such as GMFCS levels IV and V) and any of the following:

- with communication difficulties
- with learning disabilities
- in long-term care settings
- living in the community without sufficient practical and social support
- with multiple comorbidities.

Background

3.2.1 The committee discussed the variation in the needs of people with cerebral palsy and, based on their experience and knowledge, identified groups with more severe or complex health and social care needs who would most benefit from being offered an annual review.

3.2.2 No robust data exists around the proportion of adults with cerebral palsy with complex needs who are currently offered and take up annual review of their clinical and functional needs. We have therefore modelled an additional 10% referrals for an annual review.

Population

3.2.3 Around 1 in 400 adults have cerebral palsy, equivalent to around 108,707 adults in England. Of these, approximately 30% of people have complex needs and may be offered annual review, equivalent to around 32,600 people.

3.2.4 A 10% increase in referrals equates to 3,260 people.

Costs

- 3.2.5 An indicative cost for these referrals was used of £172 based on the national reference cost for neurology, first outpatient appointment.
- 3.2.6 Reference costs were used as there is no national tariff for neurology.

Financial impact

- 3.2.7 The financial impact of an indicative 10% increase in referrals of people who have complex needs being offered annual review of £560,700 per annum for England is set out in table 3 below.
- 3.2.8 Commissioners are expected to review their local circumstances and use the resource template to calculate costs and savings at a local level. The 10% change in referrals modelled is purely indicative and should not be taken as the cost of implementing guideline at a local level.
- 3.2.9 Organisations should use the resource impact template to model the anticipated impact at a local level.

Table 3 Estimated annual cost of a 10% increase in referrals of people who have complex needs being offered annual review

	Unit cost (£)	Number of people	Cost (£)
Adults with cerebral palsy bent offered an annual review	172	3,260	560,700

Benefits and savings

- 3.2.10 By offering annual review and increasing the number of adults with cerebral palsy and complex needs receiving annual review, the number of emergency department (ED) attendances made by these people is expected to reduce by, on average, 1 visit per year. Based on the average cost of £164 per ED visit (VB05Z - Emergency Medicine, Category 2 Investigation with Category 3

Treatment, national tariff 2018/19) this leads to savings of £534,600 as detailed in table 4 below.

Table 4 Estimated Savings from avoided emergency admissions

	Unit cost (£)	Number of people	Saving (£)
Increased number of adults with cerebral palsy and complex needs receiving annual review and avoiding 1 ED visit per year	164	3,260	534,600

4 Implications for commissioners

- 4.1 Cerebral palsy falls under programme budgeting category 07X neurological, neurological’.

5 Assumptions made

- 5.1 If a national tariff price or indicative price exists for an activity, this has been used as the unit cost. The resource impact template can be used to amend unit costs to account for any local market forces factor or local prices that are used.
- 5.2 Using these prices ensures that the costs in the report are the cost to clinical commissioning group (CCG) of commissioning predicted changes in activity at the tariff or local price, but may not represent the actual cost to individual trusts of delivering the activity.

6 Other considerations

- 6.1 Other recommendations which may need to be considered at a local level are:
- Identify and address mental health problems alongside physical health problems. Recognise that the impact of mental health problems and emotional difficulties can be as important as physical health problems for adults with cerebral palsy.

Recommendation 1.4.9

- Offer vaccinations to adults with cerebral palsy and their carers, in line with the national immunisation programme (see the Green book for further information). **Recommendation 1.4.26**

6.2 The main cost of implementing this recommendation 1.4.9 would be training costs for staff to enable them to better identify and address mental health problems in adults with cerebral palsy.

6.3 There may be a cost of implementing this recommendation 1.4.26 from an increase in vaccine uptake as a result of the increased focus on offering vaccinations to people with cerebral palsy and their families.

About this resource impact report

This resource impact report accompanies the NICE guideline on [Cerebral palsy in adults](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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