Putting NICE guidance into practice

Costing statement: Dementia, disability and frailty in later life – mid-life approaches to delay or prevent
Implementing the NICE guideline delaying or preventing dementia disability and frailty (NG16)

Published: October 2015
1 Introduction

This costing statement covers the potential costs and savings from implementing the guidance on Disability, dementia and frailty in later life - mid-life approaches to prevention NICE guideline NG16.

The guideline offers best practice advice on ‘Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset’

The guideline recognises that a delay in the onset of dementia disability and frailty can only be achieved for a small proportion of the population who have modifiable risk factors.

The guidance highlights the following modifiable risk factors:

- type 2 diabetes
- untreated mid-life hypertension
- physical inactivity
- mid-life obesity
- smoking.

There are currently around 720,000 people in England who have dementia, of whom around 684,000 are people aged 65 and over. In 2014 the annual cost of dementia in the UK to the NHS, local authorities and families was estimated to be £26.2 billion (Dementia UK: Update, Alzheimer’s Society 2014).

The guideline states that key messages about risk reduction, particularly for dementia, are not well publicised or understood by health and other professionals or the public (unlike, for example, the link between smoking and cancer).

This statement focuses on the potential impact from preventing or delaying the onset of dementia for a year. The benefits are equally likely to apply to disability and frailty although these are difficult to quantify.

The figures used in this statement are for illustrative purposes.

The main commissioners for this guideline are local authorities who are the commissioner for health checks. Providers of health checks may be through primary care services or private sector organisations such as pharmacists. Providers of Costing statement: Dementia, disability and frailty – mid-life approaches to delay or prevent disease (September 2015) 2 of 7
services offering lifestyle interventions may be public, private or voluntary sector organisations.

2 Recommendations with potential resource impact

**Potential areas for costs locally**

2.1 Implementing the guidance requires current messages for promoting healthy lifestyles to be updated so they have a greater focus on the fact that such behaviours may prevent or delay the onset of dementia. This cost is assumed to be absorbed within existing programmes.

2.2 Within the guidance there is a specific recommendation that health checks be expanded to offer advice on dementia to all. The current rate of the uptake of NHS health checks is around 10% of the eligible population between the ages of 40 and 64. Health checks are offered to people between the ages of 40 and 74, dementia advice is added for people aged between 65 and 74. The addition of a dementia component to the health check is estimated to require an additional 5 minutes of contact time with a practice nurse.

2.3 The estimated costs of expanding health checks for dementia advice are set out in the table 1 below

<table>
<thead>
<tr>
<th>Table 1 Estimated costs of expanding health checks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible population for health checks (a)</td>
</tr>
<tr>
<td>Current uptake (b)</td>
</tr>
<tr>
<td>Number of Health checks per annum</td>
</tr>
<tr>
<td>Increased cost for dementia advice per health check (c)</td>
</tr>
<tr>
<td><strong>Increase in cost of health check for dementia advice per annum (£’000s)</strong></td>
</tr>
</tbody>
</table>

(a) Office for national statistics (2013) people aged between 40 and 64
(b) Public Health England 2014-15
(c) Curtis L (2014)

2.4 It would not be necessary to give all people an extended health check for dementia. It is estimated that around 50% of the current population have a risk factor. This percentage takes into account that people may have...
more than one risk factor. This would give an increased cost of around £3.8 million.

**Potential areas for savings locally**

2.5 The estimated savings from preventing or delaying dementia for 1 year for different parts of the public sector year are set out in Table 2 below.

Table 2 Estimated savings from preventing or delaying dementia for 1 year for the public sector (Dementia UK: Update – Alzheimers Society 2014)

<table>
<thead>
<tr>
<th>Public sector</th>
<th>Saving per person with dementia (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>5,285</td>
</tr>
<tr>
<td>Local authorities</td>
<td>5,537</td>
</tr>
<tr>
<td>Central government*</td>
<td>4,228</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15,050</strong></td>
</tr>
<tr>
<td>*HM Government (2014) Attendance allowance rates</td>
<td></td>
</tr>
</tbody>
</table>

2.6 The prevalent population for dementia is estimated at 720,200, of which it is estimated that around 400,000 may have their dementia delayed as set out in table 3 below. Whist prevalence may stay the same; the number of people with dementia may increase due to increases in life expectancy.

Table 3 Population for whom dementia could be prevented or delayed

<table>
<thead>
<tr>
<th>People with dementia (a)</th>
<th>720,200</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modifiable risk factors</strong></td>
<td><strong>Risk of developing dementia (b)</strong></td>
</tr>
<tr>
<td>Diabetes (type 2)</td>
<td>5.18%</td>
</tr>
<tr>
<td>Mid-life hypertension (untreated)</td>
<td>4.93%</td>
</tr>
<tr>
<td>Mid-life obesity (BMI&gt;30)</td>
<td>14.48%</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>26.22%</td>
</tr>
<tr>
<td>Smoking</td>
<td>5.19%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>403,343</strong></td>
</tr>
</tbody>
</table>

(a) The International Longevity Centre – UK (2014)
2.7 Using the population for whom dementia could be prevented or delayed (table 3) and the estimated costs (table 2), it can be estimated for example, that for every 1% of the population for whom dementia (4033 people) could be delayed for a year, a saving of £60 million per annum could be achieved. This is based on current prices.

2.8 It should be recognised that advice for the prevention or delay of onset of dementia is given in mid-life and savings are achieved at some point in the future. Therefore the impact of such advice is unlikely to be achieved for at least a 10 year period (van Baal P, Hoogendorn M (2014)).

Other considerations

2.9 Consideration should be given as to whether NHS health checks can be expanded to include dementia advice without additional cost.

References


van Baal P, Hoogendoorn M (2014) Costs and benefits of increasing physical activity to prevent the onset of dementia: a modelling analysis


Curtis L (2014) Unit costs of health and social care, Personal Social Services Research Unit PSSRU | Unit Costs of Health and Social Care 2014

The International Longevity Centre – UK (2014) Preventing dementia: a provocation – How can we do more to prevent dementia, save lives and reduce avoidable costs?

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www.healthcheck.nhs.uk/interactive_map/

Office for National Statistics (2013) Resident population 2011 mid-year estimates

HM Government (2014) Attendance allowance rates

About this costing statement

This costing statement accompanies Disability, dementia and frailty in later life - mid-life approaches to prevention NICE guideline NG16.

Issue date: September 2015

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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