



Resource impact statement

Resource impact

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No significant resource impact is anticipated

The guideline covers the rehabilitation, assessment and interventions required after traumatic injury. These interventions should take account of any pre-existing conditions and focus on helping people regain optimum function and independence as quickly as possible.

We do not expect this guideline to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.3 million people) and
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

Most of the recommendations reflect current practice and will reinforce it. Based on current practice, additional resources may be needed for the following:

- An intensive programme of rehabilitation (<u>recommendation 1.5.3</u>) is not current practice. Where an intensive programme of rehabilitation is used alongside a standard rehabilitation programme, the length of the standard rehabilitation programme may be reduced. Any savings from the reduced standard rehabilitation programme are expected to offset the additional costs of the intensive rehabilitation programme.
 Services may need reconfiguring to enable intensive rehabilitation programmes.
- The reorganisation of rehabilitation services to provide intensive rehabilitation programmes, as well as standard rehabilitation programmes, may lead to additional costs in the short term for local organisations.
- In some areas it may be necessary, where training is not currently provided, to ensure
 that healthcare professionals are trained in generic psychological approaches to
 support engagement and adjustment to the results of the traumatic injuries
 (recommendation 1.13.6). This would be in addition to the appropriately qualified and
 experienced practioner psychologists or clinical neuropsychologists.

Any additional costs are likely to be offset by savings and benefits, and the overall resource impact is not expected to be significant at a national level.

Rehabilitation services are commissioned by integrated care systems/clinical commissioning groups. Providers are NHS hospital trusts, community providers and primary care providers.