Resource impact summary report

Resource impact
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There are many different populations covered by the guideline with each group having different rehabilitation needs at different times and for different periods. Due to the variable nature of the population, an eligible population is very challenging to establish in any given year. In the guideline committee's knowledge and experience, the current organisation of services is disorganised and challenging to navigate. Experience suggested that a care model facilitating a single point of access, such as key contact worker, or complex case management, would have many benefits for patients, commissioners, and the system as a whole.

Resource impact – implementing the guideline

Section 1.2 provides guidance on commissioning rehabilitation services and service specification and includes reference to people having access to a single point of contact. The following recommendations cover this area.

Recommendations 1.11.2, 1.11.5 and 1.11.6

- The requirement for a complex case manager (CCM) is expected to incur costs, however there are benefits to offset these costs. The evidence supporting the guideline showed that a CCM could reduce the number of emergency care attendances and unplanned hospital admissions. There may be further offsets resulting from fewer missed appointments and the removal of duplication of investigations and assessments. The committee discussed that a triaging role such as a CCM could improve outcomes by ensuring timely access to appropriate care. There is a resource impact template which has for been populated with figures which are for illustration only but can be used to estimate the cost of the complex case manager and the reduction in other costs that may offset this.
- Discussions with clinical experts indicated that the other single points of contact discussed in the recommendations are likely to be performed by people in an existing role.

Benefits from clinical case management may include:

- Due to the lack of appropriate signposting and coordination, many people remain in costly, inappropriate care settings (for example, inpatient neurobehavioral units, residential care). Clinical case management may help to reduce the number of people in inappropriate care settings.
- Clinical case management promotes efficient discharge planning and smooth transitions between inpatient rehabilitation and community services.
- By coordinating care and targeting services to better meet needs, clinical case management maximises outcomes and reduces costs, for example, by reducing ineffective use of services and duplication of care.
- Unpredictable disease courses place a significant burden on GPs, who are often unfamiliar with these conditions, causing breakdowns in care and leaving patients struggling to navigate the system and re-access services. This often leads to costly A&E visits, delays in treatment, and related healthcare costs, such as unplanned admissions due to exacerbated needs, missed GP appointments, unfilled prescriptions, and lost equipment. Clinical case management may also help to reduce the impact of this.

Other areas that are understood to likely incur costs are recommendations 1.8.2 to 1.8.21 on initiating holistic rehabilitation needs assessment and who to involve. Additional resource may be required for managing referrals, however, by enabling people to optimise and maintain functioning there may be a reduction in healthcare use (for example hospital attendances).

Key information

Table 1 Key information

Commissioner(s)	Integrated care boards
Provider(s)	NHS hospital trusts/community providers/ mental health trusts/primary care services/local authority and third sector services

About this resource impact summary report

This resource impact summary report accompanies the NICE guideline on rehabilitation for chronic neurological disorders including acquired brain injury and should be read with it.