

Putting NICE guidance into practice

**Resource impact report:
Motor neurone disease (NG42)**

Published: February 2016

1 Introduction

- 1.1 The guideline offers best practice advice on motor neurone disease (MND).
- 1.2 This report discusses the resource impact of implementing our guideline on MND in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 Implementation of this guideline may increase costs depending on current services, however this should enable people with MND to be better supported and may reduce unplanned admissions for people with MND.
- 1.4 MND services are commissioned by NHS England. Providers are NHS hospital trusts.

2 Background

- 2.1 MND is a neurodegenerative condition that affects the brain and spinal cord. It is characterised by the degeneration of primarily motor neurones, leading to muscle weakness.
- 2.2 It is estimated that there are up to 4,000 people with MND in England. Approximately 900 people are diagnosed annually in England. The diagnosis has a wide-ranging impact, not only on the person with MND themselves but also on their family and friends.

3 Recommendations with a potential resource impact

Multidisciplinary teams

- 3.1 [Recommendations 1.5.4 and 1.5.5](#) describe the different healthcare professionals that should be part of the multidisciplinary team and what additional services the team should have access to.

Background

- 3.2 Multidisciplinary teams are already used to manage MND, but there is variation in the way they are used and in the healthcare professionals involved.

Resource impact

- 3.3 The economic analysis carried out during guideline development determined that the cost of a multidisciplinary team in a clinic setting and as an outreach service is £635 and £540 per person per year respectively. Costs will be incurred where current practice is not consistent with the guideline.

Referrals, and assistive technology and adaptations

- 3.4 [Recommendations 1.9.2–1.9.4](#) state that people should be assessed to determine what assistive technology they might need to help them with day-to-day activities, and that they should be provided with the technology without delay. This can range from simple items (such as grab rails) to much more complex living aids (such as powered hoists for helping people get in and out of bed).

Background

- 3.5 Currently, people with MND are already referred to specialist services (if needed) and provided with assistive technology. However, there is often a delay in the referral itself and in the technology being provided.

Resource impact

- 3.6 The recommendations focus this happening in a timely manner. Simple living aids cost from around £2 to £28 for eating utensils to around £14 to £500 for a sliding transfer board. Wheelchair costs range from around £90 per year for a manual one, up to around £410 a year for a powered one. Complex living aids can cost from £351 to £650 for backrests, to £2,500 to £6,000 for a mobile seat hoist.

Benefits and savings

3.7 Benefits and savings from implementing this guideline will include:

- Fewer unplanned admissions for people with MND. A non-elective MND admission with CC costs £4,595 (HRG AA28A 2015/16 tariff) while a non-elective MND admission without complications and comorbidities costs £2,707 (HRG AA28B 2015/16 tariff).
- People with MND are better supported to live in their own homes and have quicker access to supported living aids.
- Multidisciplinary teams are able to support people with MND, both in a formal clinic setting and in an outreach setting as needed.

About this resource impact report

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

This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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