NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Cerebral palsy in adults

NICE quality standard

Draft for consultation

2 September 2019

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| **This quality standard covers** care and support for adults with cerebral palsy (aged 25 and over). It describes high-quality care in priority areas for improvement. NICE has also published a quality standard on [cerebral palsy in children and young people](https://www.nice.org.uk/guidance/qs162).**It is for** commissioners, service providers, health and social care practitioners, and the public.This is the draft quality standard for consultation (from 2 September to 30 September 2019). The final quality standard is expected to publish in January 2020.  |

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# Quality statements

[Statement 1](#_Quality_statement_1:) Adults with cerebral palsy are referred to a multidisciplinary team if their ability to carry out usual daily activities deteriorates or may be affected by a procedure.

[Statement 2](#_Quality_statement_2:) Adults with cerebral palsy who have complex needs have an annual review.

[Statement 3](#_Quality_statement_X) Adults with cerebral palsy who want support to live independently are referred to a professional with expertise in independent living.

[Statement 4](#_Quality_statement_[X]) Adults with cerebral palsy who want support to work are referred to a professional with expertise in vocational skills and independent living.

[Statement](#_Quality_statement_[X]) 5 Adults with cerebral palsy who have communication difficulties are referred to speech and language therapy services to assess their need for intervention.

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| NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](http://pathways.nice.org.uk/pathways/patient-experience-in-adult-nhs-services)), which should be considered alongside these quality statements.Other quality standards that should be considered when commissioning or providing services for adults with cerebral palsy services include:* [Physical activity: encouraging activity in the community](https://www.nice.org.uk/guidance/QS183) (2019) NICE quality standard 183
* [People’s experience using adult social care services](https://www.nice.org.uk/guidance/qs182) (2019) NICE quality standard 182
* [Cerebral palsy in children and young people](https://www.nice.org.uk/guidance/qs162) (2017) NICE quality standard 162
* [Transition from children’s to adults’ services](https://www.nice.org.uk/guidance/qs140) (2016) NICE quality standard 140
* [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](https://www.nice.org.uk/guidance/qs136) (2016) NICE quality standard 136

A full list of NICE quality standards is available from the [quality standards topic library](http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards-/Quality-standards-topic-library). |
| Questions for consultation Questions about the quality standard**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.Questions about the individual quality statements **Question 4** For draft quality statement 1: This statement includes a definition of a multidisciplinary team experienced in the management of neurological impairments. Is this definition appropriate?**Question 5** For draft quality statements 3 and 4: Draft quality statement 3 refers to a professional with expertise in independent living. Draft quality statement 4 refers to a professional with expertise in vocational skills and independent living. In practice, is this likely to be the same professional? Local practice case studies**Question 6** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Multidisciplinary team

## Quality statement

Adults with cerebral palsy are referred to a multidisciplinary team if their ability to carry out usual daily activities deteriorates or may be affected by a procedure.

## Rationale

Most adults with cerebral palsy are seen by their GP or a healthcare professional who may not have specialist expertise in cerebral palsy. Their care and support needs will vary depending on the severity of impairment and the presence of any comorbidities. If a person with cerebral palsy is having difficulty carrying out their usual daily tasks, they would benefit from specialist input. A multidisciplinary team, experienced in the management of neurological impairments, can identify a person’s needs and understand how these may change over time. The multidisciplinary team can also advise on specialist treatment options (such as neurosurgical or orthopaedic procedures for dystonia and spasticity) and the possible impact these might have on the person’s abilities. The team will know what specialist and local services are available and how they can be accessed. Referral to a multidisciplinary team can reduce delays in management or unplanned visits to hospital.

## Quality measures

### Structure

a) Evidence of local pathways that allow adults with cerebral palsy to be referred to a multidisciplinary team experienced in the management of neurological impairments.

***Data source:*** Local data collection, for example, from service specifications, NHS trust directories of services and clinical commissioning group pathways.

b) Evidence of local networks of care providing adult rehabilitation medicine services, neurodisability services, physiotherapy, occupational therapy, and speech and language therapy.

***Data source:*** Local data collection, for example, from service specifications, NHS trust directories of services and clinical commissioning group pathways.

c) Evidence of local services with multidisciplinary teams experienced in the management of neurological impairments.

***Data source:*** Local data collection, for example, from service specifications, NHS trust directories of services and clinical commissioning group pathways.

### Process

a) Proportion of adults with cerebral palsy whose ability to carry out their usual daily activities deteriorates referred to a multidisciplinary team.

Numerator – the number in the denominator referred to a multidisciplinary team.

Denominator – the number of adults with cerebral palsy whose ability to carry out their usual daily activities deteriorates.

***Data source:*** Local data collection, for example, local audit of patient records.

b) Proportion of adults with cerebral palsy scheduled for neurosurgical or orthopaedic procedures referred to a multidisciplinary team.

Numerator – the number in the denominator referred to a multidisciplinary team.

Denominator – the number of adults with cerebral palsy scheduled for neurological or orthopaedic procedures.

***Data source:*** Local data collection, for example, local audit of patient records.

### Outcome

Number of unplanned hospital admissions of adults with cerebral palsy.

***Data source:*** Local data collection, for example local audit of patient records. NHS Digital [Hospital Admitted Patient Care Activity](https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity) includes number of admissions by primary diagnosis and admission type.

## What the quality statement means for different audiences

**Service providers** (such as community neurorehabilitation services, neurology services, rehabilitation services) ensure that referral pathways are in place so that adults with cerebral palsy can be referred to multidisciplinary teams that work together to coordinate care. They have systems in place to ensure that multidisciplinary teams can assess the needs of adults with cerebral palsy and their ability to carry out daily activities. They establish networks, which may be virtual, to allow teams to work across organisations including community, hospital and tertiary services.

**Health and social care practitioners** (such as GPs, doctors, surgeons, home care workers) ask adults with cerebral palsy about any changes in their ability to carry out daily activities. They refer them to a multidisciplinary team, or advise them to ask their GP for referral, if their abilities have worsened. Surgeons planning orthopaedic or neurological procedures refer adults with cerebral palsy to a multidisciplinary team if it may affect their daily living skills. Members of the multidisciplinary team assess the person’s needs, anticipate changes and adjust their care and support, as needed.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that they develop pathways that allow adults with cerebral palsy to be referred to a multidisciplinary team experienced in the management of neurological impairments.

**Adults with cerebral palsy** are asked if they find it harder to carry out their usual daily activities by the people who provide their care. If they do, or if an operation is being considered, they are referred to a specialist team to talk about whether they need any extra or different support.

## Source guidance

[Cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) (2019) NICE guideline NG119, recommendation 1.1.1

## Definitions of terms used in this quality statement

### Procedure

Any neurosurgical or orthopaedic procedure that is being considered.

[NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119), recommendation 1.1.1]

### Multidisciplinary team

A team experienced in the management of neurological impairments. The composition of the team will vary with the severity of cerebral palsy, and the level of impairment and disability. The input from each team member will also vary with time, but access to specialist medical input must be maintained. This team could include the following members:

* medical consultant (such as a rehabilitation, neurology or respiratory specialist)
* surgical consultant (such as a neurosurgeon or orthopaedic surgeon)
* specialist nurse
* allied health professionals (such as a speech and language therapist, physiotherapist, occupational therapist, dietitian or orthotist)
* others (such as a psychologist, learning disability psychiatric nurse or social worker)

[Expert opinion]

## Question for consultation

This statement includes a definition of a multidisciplinary team experienced in the management of neurological impairments. Is this definition appropriate?

# Quality statement 2: Annual reviews

## Quality statement

Adults with cerebral palsy who have complex needs have an annual review.

## Rationale

Care and support needs for adults with cerebral palsy may change. An annual review can identify changes; assess clinical and functional needs; check for problems and comorbidities; and make sure that the person’s needs are being met. People with complex needs including multiple medical comorbidities, or cognitive or communication impairments would benefit most from an annual review. The review may help reduce unplanned admissions to hospital and improve their quality of life. Information about the review, and any changes to the person's needs, should be shared to ensure integrated care between the different healthcare professionals providing care and support. A main point of contact should also be provided to ensure that people can access advice and services between reviews.

## Quality measures

### Structure

Evidence of local systems and pathways to identify adults with cerebral palsy who have complex needs and invite them to have annual reviews.

***Data source:*** Local data collection, for example, from service specifications.

### Process

a) Proportion of adults with cerebral palsy who have complex needs who have had an annual review carried out by a healthcare professional with expertise in neurodisabilities.

Numerator – the number in the denominator who have had an annual review carried out by a healthcare professional with expertise in neurodisabilities.

Denominator – the number of adults with cerebral palsy who have complex needs.

***Data source:*** Local data collection, for example, local audit of patient records.

b) Proportion of adults with cerebral palsy with complex needs provided with details of a main contact following review.

Numerator –the number in the denominator provided with details of a main contact following a review.

Denominator –the number of adults with cerebral palsy who have complex needs who have had an annual review.

***Data source:*** Local data collection, for example, local audit of patient records.

### Outcome

a) Number of unplanned hospital admissions of adults with cerebral palsy.

***Data source:*** Local data collection, for example, local audit of patient records. NHS Digital [Hospital Admitted Patient Care Activity](https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity) includes number of admissions by primary diagnosis and admission type.

b) Health-related quality of life of adults with cerebral palsy.

***Data source:*** Local data collection, for example, local survey of adults with cerebral palsy.

## What the quality statement means for different audiences

**Service providers** (neurology services, rehabilitation medicine services) ensure that systems are in place to identify adults with cerebral palsy who have complex needs and offer them annual reviews. They ensure that reviews include information from a range of health and social care professionals, including assessments carried out by specialist multidisciplinary teams in the past year. They have systems in place to document the reviews, share the results and provide a main point of contact to the person with cerebral palsy.

**Healthcare professionals with expertise in neurodisabilities** offer an annual review of clinical and functional needs to adults with cerebral palsy who have complex needs. They discuss what information should inform the review and who should receive clinical information following the review. Professionals undertaking the review also identify who will be the main point of contact between reviews, and provide information on how to contact them.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that service specifications for neurodisability and rehabilitation medicine include annual reviews for adults with cerebral palsy who have complex needs.

**Adults with cerebral palsy who have complex needs** are asked if they would like to have a regular review of their needs by a healthcare professional with expertise in neurodisability. The review will be done at least every year and means that the specialist can see how well the person's care and support are working and whether any changes are needed. The results and any changes to treatment or care will be shared with others providing care and treatment, with the person’s permission. The person will also be given details of a main point of contact for advice and support between reviews.

## Source guidance

[Cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) (2019) NICE guideline NG119, recommendation 1.1.13

## Definitions of terms used in this quality statement

### Complex needs

Gross Motor Function Classification System levels IV and V and any of the following:

* communication difficulties
* learning disabilities
* living in long-term care settings
* living in the community without sufficient practical and social support (for example, being cared for by elderly, frail parents)
* multiple comorbidities.

The Gross Motor Function Classification System is a 5‑level clinical classification system that describes the gross motor function of people with cerebral palsy based on self-initiated movement abilities. People assessed as level I are the most able and people assessed as level V are dependent on others for all their mobility needs.

[NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119), recommendation 1.1.13 and terms used in this guideline]

### Review

A planned clinical appointment between an adult with cerebral palsy and a healthcare professional, or group of healthcare professionals, with expertise in neurodisability. They may explore common concerns, physical symptoms, mental health, pain, nutrition, communication and barriers to participation in everyday life to ensure an individualised approach to care. This also allows the opportunity to address general health issues that affect people as they grow older.

[Adapted from NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119), terms used in this guideline, and expert opinion]

# Quality statement 3: Independent living

## Quality statement

Adults with cerebral palsy who want support to live independently are referred to a professional with expertise in independent living.

## Rationale

Adults with cerebral palsy should be able to live as independently as possible. This will help them participate in activities they like and fully take part in life and the wider community. A professional with expertise in independent living, such as an occupational therapist, can assess the person’s abilities and goals, identify any barriers, provide advice and tailor support to their aspirations and needs. This may include assistive technologies, modifications to the home or personal care assistance.

## Quality measures

### Structure

a) Evidence of local pathways that allow adults with cerebral palsy to be referred to occupational therapy services.

***Data source:*** Local data collection, for example, from service specifications, NHS trust directories of services and clinical commissioning group pathways.

b) Evidence of local networks of care providing occupational therapy services to adults with cerebral palsy.

***Data source:*** Local data collection, for example, from service specifications.

### Process

Proportion adults with cerebral palsy who want support to live independently referred to an occupational therapy service.

Numerator – the number in the denominator referred to an occupational therapy service.

Denominator – the number of adults with cerebral palsy who want support to live independently.

***Data source:*** Local data collection, for example, local audit of patient records.

### Outcome

Proportion of adults with cerebral palsy who feel they live independently.

Numerator – the number in the denominator who feel they live independently.

Denominator – the number of adults with cerebral palsy.

***Data source:*** Local data collection, for example, local survey of adults with cerebral palsy.

## What the quality statement means for different audiences

**Service providers** (such as occupational therapy services) ensure that referral pathways are in place so that adults with cerebral palsy who want support to live independently can be referred to a healthcare professional with expertise in independent living.

**Healthcare professionals** (such as GPs, rehabilitation consultant, neurology consultant, allied health professionals) ask adults with cerebral palsy what they enjoy doing, if they find it difficult to participate in activities and what living independently means to them. They give information about assessments of vocational and independent living skills and refer people who would like support to live independently to a healthcare professional with expertise in independent living.

**Commissioners** (such as clinical commissioning groups) commission occupational therapy services for adults with cerebral palsy who want support to live independently, and ensure that referral pathways are in place.

**Adults with cerebral palsy who want support to live independently** are referred to a healthcare professional with expertise in independent living. They ask about how the person would like to live their life, and what activities are meaningful and important to them. They will discuss what activities they find difficult, problems they may face and how these can be overcome through special equipment and adaptions, developing skills and new ways to perform tasks.

## Source guidance

[Cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) (2019) NICE guideline NG119, recommendation 1.2.11

## Definitions of terms used in this quality statement

### Professional with expertise in independent living

A professional, such as an occupational therapist, who can assess the functional ability of adults with cerebral palsy, what their home situation is like, what support networks are in place and discuss their goals for independent living. They can identify activities that people have difficulty with, potential barriers to achieving goals, and interventions that will enable independent living.

[Adapted from NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) and expert opinion]

## Question for consultation

Draft quality statement 3 refers to a professional with expertise in independent living. Draft quality statement 4 refers to a professional with expertise in vocational skills and independent living. In practice, is this likely to be the same professional?

# Quality statement 4: Vocational skills

## Quality statement

Adults with cerebral palsy who want support to work are referred to a professional with expertise in vocational skills and independent living.

## Rationale

Working can help people become more independent, socially active and integrated into the community. However, adults with cerebral palsy can face physical and organisational barriers to participation, such as access to buildings, policies and situations, that put them at a disadvantage. Referral for specialist support for people who want to start work can provide advice on, and access, to job seeking, training, work placements, voluntary work and vocational rehabilitation. For those already working, referral can give access to workplace and equipment assessment, workplace and job retention training, and support for a planned exit from the workforce should it become too difficult to continue working.

## Quality measures

### Structure

Evidence of local networks of care providing occupational therapy and vocational rehabilitation services to adults with cerebral palsy.

***Data source:*** Local data collection, for example, from service specifications.

### Process

a) Proportion adults with cerebral palsy who want support to start work referred to a professional with expertise in vocational skills and independent living.

Numerator – the number in the denominator referred to a professional with expertise in vocational skills and independent living.

Denominator – the number of adults with cerebral palsy who want support to start work.

***Data source:*** Local data collection, for example, local audit of patient records.

b) Proportion of adults with cerebral palsy who want support to continue working referred to a professional with expertise in vocational skills and independent living.

Numerator – the number in the denominator referred to a professional with expertise in vocational skills and independent living.

Denominator – the number of adults with cerebral palsy who want support to continue working.

***Data source:*** Local data collection, for example, local audit of patient records.

### Outcome

Employment rate of adults with cerebral palsy.

***Data source:*** Local data collection, for example, local survey of adults with cerebral palsy.

## What the quality statement means for different audiences

**Service providers** (such as occupational therapy and vocational rehabilitation services) ensure that referral pathways are in place so that adults with cerebral palsy can be referred to a healthcare professional with expertise in vocational skills and independent living.

**Healthcare professionals** (such as GPs, rehabilitation consultants, neurology consultants, allied health professionals) ask adults with cerebral palsy whether they work, or would like to work, what they enjoy doing, if they find it difficult to participate in activities and what their work-related goals are. They give information and advice about education, securing work and employment support. They refer those who would like support to work, or with existing work, to a healthcare professional with expertise in vocational skills and independent living.

**Commissioners** (such as clinical commissioning groups) commission occupational therapy and vocational rehabilitation services for adults with cerebral palsy who want support to work and ensure that referral pathways are in place.

**Adults with cerebral palsy who want support to work or with existing work** are referred to a specialist (like an occupational therapist) to discuss what their work-related goals are and receive support to reach these goals and find a job or stay in their current job.

## Source guidance

[Cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) (2019) NICE guideline NG119, recommendation 1.2.12

## Definitions of terms used in this quality statement

### Professional with expertise in vocational skills and independent living

A professional, such as an occupational therapist, who can assess the vocational and independent living skills of adults with cerebral palsy and discuss their goals. They identify activities that people have difficulty with, potential barriers to achieving goals, and interventions to address these. This can include access to job seeking, work preparation, training, work placements, voluntary work and vocational rehabilitation. For those already working, this can include workplace and equipment assessment, workplace and job retention training, and support for a planned exit from the workforce should it become too difficult to continue working.

[Adapted from NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) and expert opinion]

## Question for consultation

Draft quality statement 3 refers to a professional with expertise in independent living. Draft quality statement 4 refers to a professional with expertise in vocational skills and independent living. In practice, is this likely to be the same professional?

# Quality statement 5: Communication

## Quality statement

Adults with cerebral palsy who have communication difficulties are referred to speech and language therapy services to assess their need for intervention.

## Rationale

People need to be able to communicate to fully engage in decision making and participate in social, family and economic activities. Adults with cerebral palsy can have communication difficulties caused by their underlying motor disorder, learning difficulties or problems with equipment. Referral to speech and language therapy services enables adults with communication difficulties to be assessed and offered suitable interventions. Interventions may include intensive speech therapy to improve the intelligibility of their speech and alternative and augmentative communication (AAC) systems. When AAC is provided, people with cerebral palsy, their families, carers and other key communication partners have training to ensure it is effective.

## Quality measures

### Structure

a) Evidence of processes to identify adults with cerebral palsy who have communication difficulties.

***Data source:*** Local data collection, for example, from service specifications or directories of services.

b) Evidence of local referral pathways to speech and language therapy services for adults with cerebral palsy who have communication difficulties.

***Data source:*** Local data collection, for example, from service specifications.

### Process

Proportion of adults with cerebral palsy who have communication difficulties referred to speech and language therapy services.

Numerator – the number in the denominator referred to a speech and language therapy service.

Denominator – the number of adults with cerebral palsy who have communication difficulties.

***Data source:*** Local data collection, for example, local audit of patient records.

### Outcome

Therapy Outcome Measures (TOMs) scales.

***Data source:*** Local data collection, for example, local audit of patient records. The [Royal College of Speech and Language Therapists Online Outcome Tool](https://www.rcslt.org/speech-and-language-therapy/guidance-for-delivering-slt-services/outcome-measurement/outcome-tool-overview) supports speech and language therapists with collecting and collating TOMs data and generating reports.

## What the quality statement means for different audiences

**Service providers** (speech and language therapy services) ensure that referral pathways are in place so that adults with cerebral palsy and communication difficulties are referred. They have systems in place to undertake assessments, provide intensive speech therapy and access to AAC systems. They provide training on AAC systems for adults with cerebral palsy, their families, carers and other key communication partners in home, care, social or work environments.

**Healthcare professionals** (such as GPs, rehabilitation consultants, neurology consultants) ask adults with cerebral palsy people about any changes in, or problems with, their hearing, speech and communication at every clinical review. They refer people who have communication difficulties to speech and language therapy services.

**Commissioners** (such as clinical commissioning groups and NHS England) ensure that they develop pathways that allow adults with cerebral palsy who have communication difficulties to be referred to speech and language therapy services for assessment and intervention. They also commission intensive speech therapy and specialised or local AAC services.

**Adults with cerebral palsy** are asked if they have problems with their hearing, speech and communication when they are reviewed by a healthcare professional. If they are having problems, they are referred to a speech and language therapist who will check for any problems, and discuss ways in which their communication can be improved.

## Source guidance

[Cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119) (2019) NICE guideline NG119, recommendation 1.2.6

## Definitions of terms used in this quality statement

### Alternative and augmentative communication (AAC) systems

A variety of methods (for example, signing, use of visual symbols and eye gaze technology) that can be used to help people with disabilities communicate with others. These systems or methods of communication can be used as an alternative to speech or to supplement it.

[NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119), terms used in this guideline]

### Communication difficulties

A range of problems that an adult may have with expression and understanding. This includes problems with speech and non-verbal forms of expression, understanding what is being said to them, understanding emotions, using words and grammar and speaking fluently.

[NICE’s guideline on [cerebral palsy in adults](https://www.nice.org.uk/guidance/ng119/evidence), supplement B: glossary and abbreviations]

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See [quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) on the website for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard’s webpage](https://www.nice.org.uk/guidance/indevelopment/gid-qs10080/documents).

This quality standard has been included in the NICE Pathway on [cerebral palsy](https://pathways.nice.org.uk/pathways/cerebral-palsy), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes for adults with cerebral palsy:

* quality of life
* functional independence (ability to carry out activities of daily living)
* pain
* participation
* unplanned hospital admission.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

* [Adult social care outcomes framework](https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care)
* [NHS outcomes framework](https://digital.nhs.uk/data-and-information/publications/clinical-indicators/nhs-outcomes-framework)
* [Public health outcomes framework for England](https://www.gov.uk/government/collections/public-health-outcomes-framework).

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact report and resource impact template](https://www.nice.org.uk/guidance/ng119/resources) for the NICE guideline on cerebral palsy in adults to help estimate local costs:

## Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](https://www.nice.org.uk/guidance/indevelopment/gid-qs10080/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN:

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