

Cerebral palsy in adults

Quality standard

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This standard is based on NG119.

This standard should be read in conjunction with QS183, QS162, QS140 and QS136.

Quality statements

Statement 1 Adults with cerebral palsy are referred to a specialist multidisciplinary team if their ability to carry out usual daily activities deteriorates or is expected to deteriorate.

Statement 2 Adults with cerebral palsy who have complex needs have an annual review with a healthcare professional with expertise in neurodisabilities.

Statement 3 Adults with cerebral palsy who want support to live independently are referred to a professional with expertise in independent living.

Statement 4 Adults with cerebral palsy who want support to work are referred to a professional with expertise in vocational skills and independent living.

Statement 5 Adults with cerebral palsy who have communication difficulties have their need for intervention assessed by speech and language therapy services.

NICE has developed guidance and quality standards on people's experiences using adult NHS services and adult social care services (see the [NICE Pathway on patient experience in adult NHS services](#) and [people's experience in social care services](#)).

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. NICE quality standard 183](#)
- [Cerebral palsy in children and young people. NICE quality standard 162](#)
- [Transition from children's to adults' services. NICE quality standard 140](#)
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE quality standard 136](#)

A full list of NICE quality standards is available from the [quality standards topic library](#).

Quality statement 1: Referral to a specialist multidisciplinary team

Quality statement

Adults with cerebral palsy are referred to a specialist multidisciplinary team if their ability to carry out usual daily activities deteriorates or is expected to deteriorate.

Rationale

A specialist multidisciplinary team, experienced in the management of neurological impairments, can work with people with cerebral palsy to identify their needs and understand how these may change over time. The 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. Access to specialist multidisciplinary teams is particularly important when a person with cerebral palsy is having difficulty carrying out their usual daily tasks, or if their ability to do so is expected to become more difficult, for example, as a result of an operation that is being planned. Referral to a specialist multidisciplinary team can reduce delays in management or unplanned visits to hospital.

Quality measures

Structure

a) Evidence of local pathways to allow adults with cerebral palsy to be referred to a specialist multidisciplinary team.

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 access to specialists in adult rehabilitation medicine, neurodisability, 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 specialist multidisciplinary teams.

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 who are referred to a specialist multidisciplinary team.

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

Numerator – the number in the denominator who are referred to a specialist 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

Rate of unplanned hospital admissions of adults with cerebral palsy.

Data source: Local data collection, for example, local audit of patient records. [NHS Digital's Hospital Admitted Patient Care Activity](#) includes the 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 and rehabilitation services) ensure that they have a specialist multidisciplinary team with expertise in neurodisabilities, and referral pathways so adults with cerebral palsy can be referred to the team to coordinate care. They have systems in place to ensure that specialist 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, therapists, social workers and home care workers) ask adults with cerebral palsy about any changes in their ability to carry out daily activities and discuss any possible future changes. They refer them to a specialist multidisciplinary team if the person's abilities have worsened. Surgeons and anaesthetists considering orthopaedic or neurological procedures for adults with cerebral palsy who anticipate an impact on daily living skills communicate with and refer the person to a specialist multidisciplinary team. Members of the specialist 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 specialist 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. NICE guideline NG119 (2019), recommendation 1.1.1

Definitions of terms used in this quality statement

Adults

For this quality standard, adults are defined as people aged 25 and over, in line with the source guidance. The NICE quality standard for cerebral palsy in children and young people covers people under 25. [NICE's guideline on cerebral palsy in adults]

Expected to deteriorate

Ability to carry out usual daily activities is anticipated to be affected by any neurosurgical or orthopaedic procedure being considered. [Adapted from NICE's guideline on cerebral palsy in adults, recommendation 1.1.1]

Specialist multidisciplinary team

A team experienced in managing neurological impairments. The composition of the team varies with the severity of cerebral palsy, and the level of the person's 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)
- 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).

The team provides access to:

- advocacy support

- learning disability services
- mental health services
- orthopaedic surgery (and post-surgery rehabilitation)
- rehabilitation engineering services
- rehabilitation medicine or specialist neurology services
- secondary care expertise for managing comorbidities (for example, respiratory, gastrointestinal and urology services)
- social care
- specialist therapy services (for example, physiotherapy, occupational therapy, speech and language therapy, and dietetics)
- wheelchair services.

[Adapted from [NICE's guideline on cerebral palsy in adults](#), recommendation 1.1.3, [NICE's statement on the impact of the guideline on NHS workforce and resources](#) and expert opinion]

Quality statement 2: Annual review

Quality statement

Adults with cerebral palsy who have complex needs have an annual review with a healthcare professional with expertise in neurodisabilities.

Rationale

Care and support needs for adults with cerebral palsy may change. An annual review is an opportunity to 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. Annual reviews may help reduce unplanned admissions to hospital and improve the person's quality of life. Information about the review and any changes to the person's needs should be shared, with the person's permission, 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 and complex needs who have had an annual review within the last 12 months carried out by a healthcare professional with expertise in neurodisabilities.

Numerator – the number in the denominator who have had an annual review within the last 12 months carried out by a healthcare professional with expertise in neurodisabilities.

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

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

b) Proportion of adults with cerebral palsy and complex needs who are given details of a main contact for support at their annual review.

Numerator – the number in the denominator given details of a main contact for support at their annual review.

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

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

Outcome

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

Data source: Local data collection, for example, local audit of patient records. [NHS Digital's 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 and complex needs.

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

What the quality statement means for different audiences

Service providers (neurology services and rehabilitation medicine services) ensure that systems are in place to identify adults with cerebral palsy who have complex needs and offer them annual reviews with a healthcare professional with expertise in neurodisabilities. 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. They 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 with a healthcare professional with expertise in neurodisabilities.

Adults with cerebral palsy who have complex needs are asked if they would like to have a regular review of their needs with 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 discuss 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. NICE guideline NG119 (2019), recommendation 1.1.13

Definitions of terms used in this quality statement

Adults

For this quality standard, adults are defined as people aged 25 and over, in line with the source guidance. The NICE quality standard for cerebral palsy in children and young people covers people under 25. [NICE's guideline on cerebral palsy in adults]

Complex needs

Gross Motor Function Classification System levels 4 and 5 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 1 are the most able and people assessed as level 5 are dependent on others for all their mobility needs. [[NICE's guideline on cerebral palsy in adults](#), recommendation 1.1.13 and terms used in this guideline]

Annual 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.

This review is distinct from, and in addition to, other reviews that an adult with cerebral palsy may have, such as an annual health check in primary care for adults with learning disabilities and reviews of care and support plans of people using social care services. [Adapted from [NICE's guideline on cerebral palsy in adults](#), terms used in this guideline, and expert opinion]

Equality and diversity considerations

Adults with cerebral palsy who have complex needs have limited mobility and may find it

difficult to attend an appointment. Arrangements should be made to:

- offer an accessible location for the review within a reasonable travelling distance for the person
- provide accessible transport services
- ensure that appropriate equipment (for example, hoists and wheelchair weighing scales) and adequate changing and toilet facilities are available
- offer an alternative to clinic-based review, such as home visits.

Quality statement 3: Independent living referral

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. They should be able to participate in activities they like and fully take part in life and the wider community. A professional with expertise in independent living, usually an occupational therapist, can work with people with cerebral palsy to assess their abilities and goals, identify any barriers, provide advice and tailor support to their aspirations and needs. This may include using assistive technologies or making modifications to their home or personal care assistance.

Quality measures

Structure

a) Evidence of local pathways that allow adults with cerebral palsy to be referred to a professional with expertise in independent living.

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

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

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 that they live independently.

Numerator – the number in the denominator who feel that 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.

Health and social care professionals (such as GPs, rehabilitation consultants, neurology consultants, allied health professionals and social workers) 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 independent living skills and refer people who would like support to live independently to a healthcare professional with expertise in independent living, usually an occupational therapist.

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 for support from a healthcare professional with expertise in independent living. They discuss how the person would like to live their life, and what activities are meaningful and important to them. They also discuss what activities the person finds difficult, problems they may face and how these can be overcome through special equipment and adaptations, or developing skills and new ways to perform tasks.

Source guidance

Cerebral palsy in adults. NICE guideline NG119 (2019), recommendation 1.2.11

Definitions of terms used in this quality statement

Adults

For this quality standard, adults are defined as people aged 25 and over, in line with the source guidance. The NICE quality standard for cerebral palsy in children and young people covers people under 25. [NICE's guideline on cerebral palsy in adults]

Professional with expertise in independent living

A professional, usually 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 and expert opinion]

Quality statement 4: Support to work referral

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 work, such as access to buildings and policies and situations that put them at a disadvantage. Specialist support for people who want to start work can include advice on and access to job seeking, training, work placements, voluntary work and vocational rehabilitation. For those already working, specialist support can include 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 of 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 services, vocational rehabilitation services and social services) ensure that referral pathways are in place so that adults with cerebral palsy can be referred to a professional with expertise in vocational skills and independent living.

Health and social care professionals (such as GPs, rehabilitation consultants, neurology consultants, allied health professionals and social workers) 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 start work, or with existing work, to a 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 start or continue to work and ensure that referral pathways are in place.

Adults with cerebral palsy who want support to start or continue to work are referred to a specialist (such as an occupational therapist) to discuss what their work-related goals are and receive support to reach these goals. This may include support with finding a job or staying in their current job.

Source guidance

Cerebral palsy in adults. NICE guideline NG119 (2019), recommendation 1.2.12

Definitions of terms used in this quality statement

Adults

For this quality standard, adults are defined as people aged 25 and over, in line with the source guidance. The NICE quality standard for cerebral palsy in children and young people covers people under 25. [NICE's guideline on cerebral palsy in adults]

Professional with expertise in vocational skills and independent living

A professional, often 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 and expert opinion]

Quality statement 5: Communication

Quality statement

Adults with cerebral palsy who have communication difficulties have their need for intervention assessed by speech and language therapy services.

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 people with cerebral palsy to have their communication difficulties assessed and to be 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 systems are provided, people with cerebral palsy, their families, carers and other key communication partners are given training to ensure they are used effectively.

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

a) Proportion of adults with cerebral palsy who have communication difficulties referred to speech and language therapy services to have their need for intervention assessed.

Numerator – the number in the denominator referred to a speech and language therapy service to have their need for intervention assessed.

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

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

b) Proportion of adults with cerebral palsy who have communication difficulties referred to speech and language therapy services who have their need for intervention assessed.

Numerator – the number in the denominator who have their need for intervention assessed.

Denominator – the number of adults with cerebral palsy who have communication difficulties referred to speech and language therapy services.

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

Outcome

Change in therapy outcome measures (TOMs) following intervention. (Note: TOMs are measures that describe the abilities of a person in 4 dimensions: impairment – the severity of the difficulty or condition; activity – the impact on the person's independence; participation – the impact on social engagement and autonomy; wellbeing – the impact on mental and emotional wellbeing.)

Data source: Local data collection, for example, local audit of patient records. The [Royal College of Speech and Language Therapists Online Outcome Tool](#) 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 can be assessed by speech and language services. 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 and neurology consultants) ask adults with cerebral palsy 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. Speech and language therapists assess their need for intervention, which may include use of intensive speech therapy to improve the intelligibility of speech and AAC systems.

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. NICE guideline NG119 (2019), recommendation 1.2.6

Definitions of terms used in this quality statement

Adults

For this quality standard, adults are defined as people aged 25 and over, in line with the source guidance. The NICE quality standard for cerebral palsy in children and young

people covers people under 25. [[NICE's guideline on cerebral palsy in adults](#)]

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, 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, 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](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) 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 from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on 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](#) 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](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#)
- [Quality framework for public health.](#)

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 for NICE's 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 for this quality standard](#) 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.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of Occupational Therapists \(RCOT\)](#)
- [SCOPE](#)
- [Adult Cerebral Palsy Hub](#)
- [Action Cerebral Palsy](#)
- [Communication Matters](#)