National Institute for Health and Clinical Excellence

Quality and Outcomes Framework Programme

NICE cost impact statement

July 2010

Indicator area: Dementia

Indicator NM09

The percentage of patients with a new diagnosis of dementia from 1 April 2011 to have FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register

Introduction

This report provides a high level budget impact assessment for one indicator relating to dementia piloted for the 2011/12 NICE menu of indicators for QOF. The main reason for undertaking investigations in a person with suspected dementia is to exclude a potentially treatable (also termed reversible) cause for the dementia and to help exclude other diagnoses (e.g., delirium). Treatable causes include metabolic and endocrine abnormalities (for example, vitamin B12, folate deficiency and hypothyroidism, diabetes and disorders of calcium metabolism).

Cost implication

Patient numbers affected

This report uses an annual incidence of diagnosed dementia in the population of 0.2%, which takes into account annual incidence of diagnosed dementia and people who may present with symptoms suggestive of dementia (see table 1).. This is based on an analysis conducted for the NICE commissioning

guide ‘Memory assessment service for the early identification and care of people with dementia’ (NICE, 2007).

Table 1 Estimated number of people diagnosed with dementia each year

Population of England	Percentage of people presenting with symptoms suggestive of dementia	Estimated number of individuals presenting with symptoms suggestive of dementia each year
50,542,505	0.2%	101,085

Current care

Primary care is often the point of first medical contact for people with suspected dementia. A basic dementia screen (the term is used to indicate case finding for treatable causes) should usually be carried out in people with suspected dementia prior to referral to a memory assessment service for a possible diagnosis of dementia. Qualitative data from pilot feedback for this indicator suggests that provision of a basic dementia screen was established practice in up to a half of practices participating in the pilot (see table 2).

Table 2 Estimated number of people not receiving a dementia screen prior to referral based on the current baseline

Estimated number of individuals presenting with symptoms suggestive of dementia each year	Baseline uptake: the estimated proportion of people not currently receiving a basic dementia screen	Number of people not receiving a basic dementia screen
101,085	50%	50,543

Proposed care

It is assumed that a basic dementia screen would involve two consultations with a GP and one consultation with a GP practice nurse. It is reasonable to assume that the first GP consultation would occur irrespective of the dementia screen, when the patient presents to the GP. For the purposes of this report, the first consultation is not included in the cost impact. The cost of one GP and one practice nurse consultation is estimated at £46.

- The cost per GP consultation is £36, based on a 12 minute consultation where the cost of a GP in a clinic or surgery is £3 per minute (Curtis 2009).

- The cost per practice nurse consultation is £10 (Curtis 2009).

Limited reference cost data has been identified for the full range of tests included in the dementia screen shown in table 3. An indicative cost of £1.34 has been applied for the tests for thyroid function, calcium, renal and liver function and serum B12 and folate. The estimated total cost for all laboratory tests for the dementia screen in table 3 is £9.03. It is probable that this figure represents the maximum cost per patient, as it is likely that tests would be carried out as part of a full array of tests. Therefore costs are more likely to relate to the full array of tests rather than individual costs for each test and may form part of a block contract for direct access pathology.

Table 3 Estimated cost of laboratory tests for dementia screen

Test	**Unit cost (£)**	**Source**
Full blood count	2.99	Reference Costs (Haematology DAP823)
Calcium	1.34	Inferred from DAP841
Glucose	0.68	National cost-impact report for NICE clinical guideline on bipolar disorder[1]
Renal and liver function	1.34	Inferred from DAP841
Thyroid function	1.34	Reference Costs (Biochemistry DAP841)
Serum vitamin B12 and folate	1.34	Inferred from DAP841
Estimated cost	**9.03**	-

[1] (NICE 2006)

Based on the above, it is estimated that the cost of a basic dementia screen performed in general practice is approximately £55 (£46 + £9), taking into account one GP consultation, one practice nurse consultation and costs for the laboratory tests for the dementia screen.

Resource impact

The resource impact of this indicator is subject to uncertainty resulting mainly from limited data on the current provision of a basic dementia screening in primary care. Based on the estimate that the current provision of basic

dementia screen in primary care is 50%, the resource impact costs are estimated to be £2,781,000. This is calculated in table 4 below.

Table 4 Estimated costs of the dementia indicator in England

	Estimated number of people not receiving a basic dementia screen	Cost of providing a basic dementia screen (£)	Estimated resource impact (£000s)
Primary care	50,543	46	2,325
Secondary care (lab tests)	50,543	9	456
Total	**50,543**	**55**	**2,781**

Potential savings

The indicator may result in a reduction in referrals with some small savings. This depends on the number of people with suspected dementia who are screened for potentially treatable causes and whose cases are reversed. In recent studies the prevalence of treatable dementias is low (approximately 1%). Treatment of 1% of cases would result in avoidance of 505 referrals to secondary care with a potential saving of £143,420. This is based on a reference cost of £284 (reference cost code: MHOPFAE1) for a first outpatient attendance with a specialist in older people (Department of Health 2010). This indicator may also result in a shift in resources from secondary to primary care.

Conclusions

The estimated direct cost of implementation is thought to be about £2.8 million. There may be some small savings accompanying avoided referrals and the associated costs.

References

Curtis L (2009) Unit costs of health and social care 2009. Personal Social Services Research Unit: The University of Kent. Available from: www.pssru.ac.uk/pdf/uc/uc2009/uc2009.pdf

Department of Health (2010) NHS Reference costs 2008-09. Available from: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

National Institute for Health and Clinical Excellence (2006) Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care. National cost-impact report. Implementing NICE clinical guideline 38. London: National Institute for Health and Clinical Excellence. Available from: www.nice.org.uk/CG38

National Institute for Health and Clinical Excellence (2007) Memory assessment service for the early identification and care of people with dementia. NICE commissioning guide. London: National Institute for Health and Clinical Excellence. Available from: www.nice.org.uk/media/4F1/D6/Memory_assessment_service_commissioning_guide.pdf