

Issue date: July 2006

social care
institute for excellence



Costing template and costing report

Parent training/education programmes in
the management of children with conduct
disorders



Introduction

This report aims to help organisations in England plan for the financial implications of implementing NICE technology appraisal guidance no. 102, 'Parent-training/education programmes in the management of children with conduct disorders'.

Estimates of both the national and the local cost impact, based on assumptions made about current practice and a prediction of how current practice might change following implementation, are included. You are able to modify the assumptions and variables, using the instructions below, to tailor the local cost impact to your circumstances.

Index

This costing tool is made up of the following worksheets:

- Title page**..... can be printed as a cover for reports produced
- How to use this document**..... this page includes introduction and instructions
- STEP 1. Select Local Population**..... used to tailor local cost impact calculations as detailed in the instructions below
- STEP 2. Costing Template**..... provides background to estimates made and can be used to reflect local circumstances
- STEP 3. Costing Report**..... summarizes the results; if you don't want to amend local circumstances then [click here to go direct to this summary](#).
- STEP 4. Costs over time**..... provides information on the costs and savings arise over time for a user defined population
- Costs over time England**..... provides information on the costs and savings arise over time for England

Where to find the guidance..... contains links to the full guidance

How to use this costing template

Step 1. Select local population

The template allows you to estimate the local cost of fully implementing the guidance by feeding in local population figures. To select the population, click on the tab at the bottom of the screen that says 'STEP 1.Select Local Population'. Enter a description of your locality in cell A7. This description will be used on the template and summary worksheets.

You then need to select your local population in one of the following ways:

To select the population of one or more primary care trusts (PCTs)

- Select the row for the relevant PCT and change the figure in the '%' column from 0.00% to 100.00%. You can do this for more than one PCT at a time to reflect joint commissioning.

To select a population that is a percentage of a strategic health authority

- Rows 167–180 contain figures for each strategic health authority. Adjust the '%' column in these rows to obtain the relevant percentage of the strategic health authority population.

For service providers that serve a number of different PCTs

- You can enter varying proportions of a number of PCTs. For example, this method might be useful if, say, United Bristol Healthcare Trust served 100% of the population of Bristol North, 90% of Bristol South and West (with 10% of patients treated elsewhere) and 20% of Bath and North East Somerset.

If you know your population, or if you have more recent figures

- You can enter a single population directly into row 182.

Printing local population page

Since this is a very long page, you may not want to print it all out. To print just a record of the population selected, without the rows that are set at 0%, do the following:

- click on the down arrow to the right of the "%" heading
- select '(Custom...)'. This displays the Custom Autofilter box. Select 'is greater than' in the top left field from the drop-down menu and key '0' into the top right field. Then click the OK button
- then print.

To redisplay all rows, click on the down arrow to the right of the "%" heading and Select '(All)'.

Step 2. Adapt costing template to reflect local circumstances

To adapt the costing template, click on the tab at the bottom of the screen that says 'STEP 2.Costing Template'. The worksheet is divided into three sections:

The left section

The left section describes the model developed – some of these fields contain references to footnotes that indicate the data source or how the assumptions were made.

The middle section

This section contains the model used to estimate the national cost of implementing the guidance. Figures in this section represent the estimated national average.

The right section

The population selected in step 1 will be used for the calculations in this section, and the other variables are initially set the same as in the national model. The worksheet is protected to prevent formulae being inadvertently changed, but any shaded cell can be changed to reflect local circumstances. For example:

Prevalence/incidence

If more detailed statistics about local prevalence or incidence are available, these can be used in place of the national estimate.

Programme costs

The costs for activities have been based on the health economic reports. These costs are felt to give an indication of the likely cost of group and individual parent-training programmes. Programme costs for particular parent-training programmes will vary from the costs as presented in the template. The costs in the model can be varied.

Current activity

Given the huge variability in the utilisation of parent-training programmes within health services across the country, no assumptions have been made about the number of programmes in the local section of the costing template. Local services should be reviewed and appropriate information added to give a more accurate picture of the local cost impact of implementing this guidance.

Step 3. Review the costing report

To view the costing report, click on the tab at the bottom of the screen that says 'STEP 3.Costing Report'. This worksheet summarises the national and local costing template without the detail of the calculations. It also contains information about how this tool was developed, and other costing issues relevant to the topic that should be considered.

The description of the locality entered in step 1 is used in the title for the local costing report, but this cell can be updated independently if required. You may wish to print this sheet and use it as a briefing report to discuss the costing exercise with non-finance staff, or as part of a business case for funds for implementation.

This document is written in the following context

This costing template and costing report represent the view of the Institute, which was arrived at after careful consideration of the available data and through consulting healthcare and finance professionals. It should be read in conjunction with the full technology appraisal guidance. This document is an implementation tool – it indicates the likely cost of fully implementing the guidance, but these costs are not absolute figures. Assumptions used in the report are based on assessment of the national average. Local practice may differ from this, but the template can be adapted to reflect these differences in order to estimate the cost of implementing the guidance locally.

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Costing template for technology appraisal no. 102
Parent-training/education programmes in the management of children
with conduct disorders

Step 1. Selection of local population

[Key the name of your locality here]

			6,732,043	2,648,542	2,779,880	635,056	668,564
			40,720	15,962	16,650	3,944	4,164
Strategic health authority (SHA)	Primary care trust	%	Total population aged 2-12	Population female aged 2-10	Population male aged 2-10	Population female aged 11-12	Population male aged 11-12
North West	Ashton, Leigh and Wigan	100.00%	40,720	15,962	16,650	3,944	4,164
North East London	Barking and Dagenham	0.00%	26,596	-	-	-	-
North Central London	Barnet	0.00%	44,090	-	-	-	-
Yorshire and the Humber	Barnsley	0.00%	31,123	-	-	-	-
East Midlands	Bassetlaw	0.00%	14,800	-	-	-	-
South West	Bath and North East Somerset	0.00%	22,017	-	-	-	-
East of England	Bedfordshire	0.00%	56,115	-	-	-	-
South Central	Berkshire East Teaching	0.00%	53,010	-	-	-	-
South Central	Berkshire West	0.00%	60,622	-	-	-	-
South East London	Bexley Care Trust	0.00%	31,243	-	-	-	-
West Midlands	Birmingham East and North	0.00%	58,298	-	-	-	-
North West	Blackburn with Darwen Teaching	0.00%	23,448	-	-	-	-
North West	Blackpool	0.00%	17,855	-	-	-	-
North West	Bolton	0.00%	38,447	-	-	-	-
South West	Bournemouth and Poole Teaching	0.00%	35,430	-	-	-	-
Yorshire and the Humber	Bradford and Airedale Teaching	0.00%	74,639	-	-	-	-
North West London	Brent Teaching	0.00%	35,362	-	-	-	-
South East Coast	Brighton and Hove City Teaching	0.00%	28,829	-	-	-	-
South West	Bristol Teaching	0.00%	49,749	-	-	-	-
South East London	Bromley	0.00%	41,039	-	-	-	-
South Central	Buckinghamshire	0.00%	70,450	-	-	-	-
North West	Bury	0.00%	25,976	-	-	-	-
Yorshire and the Humber	Calderdale	0.00%	27,771	-	-	-	-
East of England	Cambridgeshire	0.00%	75,199	-	-	-	-
North Central London	Camden	0.00%	22,831	-	-	-	-
North West	Central Lancashire	0.00%	59,461	-	-	-	-
North East London	City and Hackney Teaching	0.00%	33,889	-	-	-	-
South West	Cornwall and Isles of Scilly	0.00%	61,785	-	-	-	-
North East	County Durham	0.00%	63,574	-	-	-	-
West Midlands	Coventry Teaching	0.00%	41,983	-	-	-	-
South West London	Croydon	0.00%	48,251	-	-	-	-
North West	Cumbria	0.00%	62,343	-	-	-	-
North East	Darlington	0.00%	13,212	-	-	-	-
East Midlands	Derby City	0.00%	32,592	-	-	-	-
East Midlands	Derbyshire County	0.00%	94,014	-	-	-	-
South West	Devon	0.00%	85,666	-	-	-	-
Yorshire and the Humber	Doncaster	0.00%	40,537	-	-	-	-
South West	Dorset	0.00%	48,846	-	-	-	-
West Midlands	Dudley	0.00%	40,580	-	-	-	-
North West London	Ealing	0.00%	41,227	-	-	-	-
East of England	East and North Hertfordshire	0.00%	75,630	-	-	-	-
North West	East Cheshire	0.00%	58,924	-	-	-	-
North West	East Lancashire	0.00%	56,668	-	-	-	-
Yorshire and the Humber	East Riding of Yorkshire	0.00%	41,269	-	-	-	-
South East Coast	East Sussex Downs and Weald	0.00%	40,636	-	-	-	-
South East Coast	Eastern and Coastal Kent Teaching	0.00%	94,754	-	-	-	-
North Central London	Enfield	0.00%	39,781	-	-	-	-
North East	Gateshead	0.00%	25,114	-	-	-	-
South West	Gloucestershire	0.00%	75,438	-	-	-	-
East of England	Great Yarmouth and Waveney Teach	0.00%	27,536	-	-	-	-
South East London	Greenwich Teaching	0.00%	32,974	-	-	-	-
North West	Halton and St. Helens	0.00%	42,028	-	-	-	-
North West London	Hammersmith and Fulham	0.00%	19,441	-	-	-	-
South Central	Hampshire	0.00%	168,763	-	-	-	-
North Central London	Haringey Teaching	0.00%	29,711	-	-	-	-
North West London	Harrow	0.00%	28,019	-	-	-	-
North East	Hartlepool	0.00%	13,097	-	-	-	-
South East Coast	Hastings and Rother	0.00%	21,676	-	-	-	-
North East London	Havering	0.00%	31,574	-	-	-	-
West Midlands	Heart of Birmingham Teaching	0.00%	46,192	-	-	-	-
West Midlands	Herefordshire	0.00%	22,739	-	-	-	-
North West London	Hillingdon	0.00%	35,597	-	-	-	-
North West London	Hounslow	0.00%	29,433	-	-	-	-
Yorshire and the Humber	Hull Teaching	0.00%	34,745	-	-	-	-
South Central	Isle of Wight Healthcare	0.00%	16,494	-	-	-	-
North Central London	Islington	0.00%	21,467	-	-	-	-
North West London	Kensington and Chelsea	0.00%	20,119	-	-	-	-
South West London	Kingston	0.00%	19,475	-	-	-	-
Yorshire and the Humber	Kirklees	0.00%	56,094	-	-	-	-
North West	Knowsley	0.00%	22,048	-	-	-	-
South East London	Lambeth	0.00%	35,086	-	-	-	-
Yorshire and the Humber	Leeds	0.00%	95,023	-	-	-	-
East Midlands	Leicester City Teaching	0.00%	40,691	-	-	-	-
East Midlands	Leicestershire County and Rutland	0.00%	88,115	-	-	-	-
South East London	Lewisham	0.00%	34,386	-	-	-	-
East Midlands	Lincolnshire Teaching	0.00%	87,688	-	-	-	-
North West	Liverpool	0.00%	57,813	-	-	-	-
East of England	Luton Teaching	0.00%	28,342	-	-	-	-
North West	Manchester	0.00%	57,267	-	-	-	-

Costing template for technology appraisal no. 102

Parent-training/education programmes in the management of children with conduct disorders

National Institute for Health and Clinical Excellence

Notes	England			Add the name of your locality into cell A7 of the Step 1 worksheet.			
				Shaded cells can be amended to reflect local circumstances.			
Total female population aged 2-10	^{*1}	2,648,542			15,962		
Estimated prevalence of conduct disorders	^{*2}	2.8%	74,159	2.8%	447		
Total male population aged 2-10		2,779,880			16,650		
Estimated prevalence of conduct disorders	^{*2}	6.9%	191,812	6.9%	1,149		
Total female population aged 11-12		635,056			3,944		
Estimated prevalence of conduct disorders	^{*2}	5.1%	32,388	5.1%	201		
Total male population aged 11-12		668,564			4,164		
Estimated prevalence of conduct disorders	^{*2}	8.1%	54,154	8.1%	337		
Total cases of conduct disorders		352,512			2,134		
Total new cases of conduct disorders per year	^{*3}	0.52%	35,007	0.52%	212		
Annual recurrent costs							
Current annual programme costs	^{*4}						
Clinic-based individual programmes		£2,000	250	£500,000	£2,000	0	£0
Home-based individual programmes		£3,000	250	£750,000	£3,000	0	£0
Community-based group programmes		£7,200	230	£1,656,000	£7,200	0	£0
Clinic-based group programmes		£5,000	230	£1,150,000	£5,000	0	£0
Total current programme costs				£4,056,000			£0
Proposed steady-state costs							
Percentage of conduct disorder cases who are currently contacting mental health specialist services	^{*5}	100%	35,007	100%	212		
Children per family	^{*6}	1.00	35,007	1.00	212		
Participation rate	^{*7}	90%	31,506	90%	191		
Programme costs							
Families accessing individual programmes	^{*8}	20%	6,301	20%	38		
Families accessing group programmes			25,205		153		
Proportion of individual programmes provided in clinic environment	^{*9}	50%		50%			
Number of clinic-based individual programmes			3,151		19		
Number of home-based individual programmes			3,150		19		
Families per group	^{*10}	10		10			
Proportion of group programmes provided in clinic environment	^{*11}	50%		50%			
Number of clinic-based group programmes			1,260		8		
Number of community-based group programmes			1,261		8		
		Unit cost £	Units	Total cost £	Unit cost £	Units	Total cost £
Clinic-based individual programmes	^{*12}	£2,000	3,151	£6,302,000	£2,000	19	£38,000
Home-based individual programmes	^{*12}	£3,000	3,150	£9,450,000	£3,000	19	£57,000
Community-based group programmes	^{*13}	£7,200	1,260	£9,072,000	£7,200	8	£57,600
Clinic-based group programmes	^{*13}	£5,000	1,261	£6,305,000	£5,000	8	£40,000
Total programme costs				£31,129,000			£192,600
Facilitator training costs							
Facilitators per group programme	^{*14}		2			2	
Number of group programmes run by an single facilitator during this period	^{*15}		1			1	
Number of individual programmes run by an single facilitator during this period	^{*15}		5			5	
Additional facilitators to be trained			298			2	
		Unit cost £	Units	Total cost £	Unit cost £	Units	Total cost £
Cost of training	^{*16}	£500	298	£149,000	£500	2	£1,000
Three-day staff replacement costs	^{*17}	£285	298	£84,930	£285	2	£570
Teaching materials	^{*16}	£240	298	£71,520	£240	2	£480
Total facilitator training costs				£305,450			£2,050
Potential annual savings	^{*18}						
		Unit cost £	Units	Total savings £	Unit cost £	Units	Total savings £
NHS (child services)		£531	31,506	£16,729,686	£531	191	£101,421
Education services		£704	31,506	£22,180,224	£704	191	£134,464
Voluntary services		£191	31,506	£6,017,646	£191	191	£36,481
Social services	^{*19}	£9	31,506	£283,554	£9	191	£1,719
Total potential annual savings				£45,211,110			£274,085
Net annual steady-state costs less savings to the NHS only				£14,704,764			£93,229

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Parent-training/education programmes in the management of children with conduct disorders

	Notes	England			Add the name of your locality into cell A7 of the Step 1 worksheet.		
Net annual steady-state costs less savings to all services				-£13,776,660			-£79,435
Non-recurrent costs	*20						
Percentage of conduct disorder cases who are currently contacting mental health specialist services	*5	28%	98,703		28%	598	
Children per family	*6	1.00	98,703		1.00	598	
Participation rate	*7	50%	49,352		50%	299	
Proposed programme costs							
Families accessing individual programmes	*8	20%	9,870		20%	60	
Families accessing group programmes			39,482			239	
Proportion of individual programmes provided in clinic environment	*9	50%			50%		
Number of clinic-based individual programmes			4,935			30	
Number of home-based individual programmes			4,935			30	
Families per group	*10	10			10		
Proportion of group programmes provided in community environment	*11	50%			50%		
Number of clinic-based group programmes			1,975			12	
Number of community-based group programmes			1,974			12	
		Unit cost £	Units	Total cost £	Unit cost £	Units	Total cost £
Clinic-based individual programmes	*12	£2,000	4,935	£9,870,000	£2,000	30	£60,000
Home-based individual programmes	*12	£3,000	4,935	£14,805,000	£3,000	30	£90,000
Community-based group programmes	*13	£7,200	1,975	£14,220,000	£7,200	12	£86,400
Clinic-based group programmes	*13	£5,000	1,975	£9,875,000	£5,000	12	£60,000
Total proposed programme costs				£48,770,000			£296,400
Facilitator training costs over 7 years							
Facilitators per group programme	*14		2			2	
Number of group programmes run by an single facilitator per year	*15		1			1	
Number of individual programmes run by an single facilitator per year			5			5	
Number of facilitators required			6,551			45	
Number of trained facilitators	*21		500			0	
Shortfall			6,051			45	
		Unit cost £	Units	Total cost £	Unit cost £	Units	Total cost £
Cost of training	*16	£500	6,051	£3,025,450	£500	45	£22,687
Three-day staff replacement costs	*17	£285	6,051	£1,724,506	£285	45	£12,932
Teaching materials	*16	£240	6,051	£1,452,216	£240	45	£10,890
Total facilitator training costs				£6,202,172			£46,509
Average annual training cost				£886,025			£6,644
Potential savings							
		Unit cost £	Units	Total savings £	Unit cost £	Units	Total savings £
NHS (child services)		£531	49,352	£26,205,912	£531	299	£158,769
Education services		£704	49,352	£34,743,808	£704	299	£210,496
Voluntary services		£191	49,352	£9,426,232	£191	299	£57,109
Social services	*18	£9	49,352	£444,168	£9	299	£2,691
Total potential savings				£70,820,120			£429,065
Net non-recurrent costs less savings to the NHS only				£28,766,260			£184,140
Net non-recurrent costs less savings to all services				-£15,847,948			-£86,156

Notes

- Population figures are based on lists extracted from the ADS2004 and reconciled to ONS mid 2003 estimates for PCOs (minus special populations: armed forces; dependents of foreign armed forces; and convicted prisoners who have been inmates for 6 months or more.) (<http://www.dh.gov.uk/assetRoot/04/11/36/62/04113662.xls> [Accessed 31 Jan 2006])
- Figures for prevalence by age and sex are taken from the survey 'Mental health of children and young people in Great Britain, 2004' (Office for National Statistics). The quoted prevalence figures are those for the following disorders: oppositional defiant disorder, unsocialised conduct disorder, socialised conduct disorder and other conduct disorder.
- An annual incidence figure has been calculated based on the average prevalence rates used in the model.
- A brief assessment of parent-training programmes being run through child and adolescent mental health services across the UK suggested that on average between 1 and 2 group programmes are being run per PCT per year. It should be noted that there are areas in the country where no programmes are offered, and others where as many as 9 group programmes per year are offered. It is clear that trained facilitators run individual training programmes in the course of their daily workload. We assume that each of the 500 trained facilitators currently run an individual training programme once a year.
- The survey 'Mental health of children and young people in Great Britain, 2004' (Office for National Statistics) found that 81% of parents of children with a conduct disorder had sought some form of advice or help in the previous 12 months: 60% had approached a teacher, 28% had contacted or been referred to a mental health specialist, and 24% had contacted an educational psychologist. We have assumed that full implementation will mean that parent-training/education programmes will be offered to all parents of children with conduct disorders that currently contact or are referred to mental health specialists.

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with conduct disorders

Notes	England	Add the name of your locality into cell A7 of the Step 1 worksheet.
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- 6 While the average number of children per woman in 2004 was 1.77 (<http://www.statistics.gov.uk/cci/nugget.asp?ID=951> [Accessed 31 Jan 2006]) and studies have shown a high genetic contribution to the causes of conduct disorder, we have assumed that each child with conduct disorder comes from a different family.
- 7 Expert opinion suggests that approximately 50 to 90% of families will be willing or able to engage with any parent-training programme in either individual or group format. It has been suggested that new cases are more likely to engage (90% participation rate), while those families who have been on a waiting list are less likely to engage (50% participation rate).
- 8 Expert opinion suggested that approximately 20% of families would be unable to engage with group parent-training programmes.
- 9 We found little information to identify clinician or family preferences for the locations of individual training programmes. Consequently we have divided the number of families who will receive individual programmes equally between home-based and clinic-based programmes. In practice, the availability of clinic settings and the appropriateness of home environments will largely determine the relative proportions of each type of individual programme.
- 10 Group parent-training programmes have been conducted that involve 6 to 12 families per group. Cost calculations in the final appraisal determination were based on programmes that were attended by ten families, and consequently we have assumed that there are ten families per group.
- 11 We found little information to identify clinician or family preferences for the locations of group training programmes. Consequently we have divided the number of families who will receive group programmes equally between community-based and clinic-based programmes. In practice the availability of appropriate clinic and community settings will largely determine the relative proportions of each type of group programme.
- 12 The cost of individual home-based and clinic-based programmes has been taken from the final appraisal determination. This figure was calculated based on a 2-hour session per week for 8 weeks. The total cost includes the costs of staff time, supervision, transport, child care and course materials. Individual programmes are run by an individual facilitator being paid a health visitor or equivalent salary.
- 13 The cost of group community-based and clinic-based programmes has been taken from the final appraisal determination. This figure was calculated based on a 2-hour session per week for 10 weeks for a group of ten families. The total cost includes the costs of staff time, supervision, transport, child care and course materials. Group programmes are run by two facilitators being paid a health visitor or equivalent salary.
- 14 It should be noted that some established parent-training programmes can be run by a single facilitator. However, the cost calculations in the final appraisal determination were based on group programmes that were run by two facilitators, and consequently we have assumed that there are two facilitators per group.
- 15 We have assumed that a full-time employee who does not spend all their available working time running parent-training programmes would be able to deliver 1 group parent-training programme per year. We have also assumed that a full-time employee could deliver 5 individual programmes in a single year. Contact with professionals who currently run these programmes suggests that a single employee who works solely on parent-training programmes could run as many as 9 group programmes per year.
- 16 Facilitator training costs of parent-training programmes that meet the criteria set out in the guidance were found to vary between £650 and £830 for a 3-day initial group training programme. These costs also include the materials that are required to run a parent-training programme. We have used a cost for training and for programme materials of £740, split into £500 for training and £240 for programme materials. Follow-up training and accreditation is offered by some of the established programmes but has not been included in this cost assessment.
- 17 It is clear that budgetary provision to release staff to attend non-mandatory training varies considerably. Training programmes that remove staff from clinical areas without providing adequate cover can compromise the safe delivery of care. It is also suggested that inadequate cover arrangements for clinical areas results in low attendance on courses. It was therefore assumed that all staff members released from clinical areas to attend training need to be sufficiently covered. The cost of providing cover or backfill was calculated on the basis of an Agenda for Change point 20 salary with on-costs. This amounts to £95 per day.
- 18 Savings have been calculated based on a number of assumptions that are outlined in the worksheets 'Costs over time' and 'Costs over time England'. We assume that savings will start to arise 6 months after a family completes a parent-training programme. We also assume that savings will decline over a period of time following the completion of a parent-training programmes. We assume that 100% of savings will be realisable in year 1, 0% of savings will be realisable in year 2 and 0% of savings will be realisable in year 3. This information can be changed in the "Step 4. costs over time" and "Costs over time England" worksheets.
- 19 Potential savings have been included based on costs currently incurred to treat a child with a conduct disorder whose parents have not undertaken a parent-training/education programme. Separate costs or potential savings have been outlined for the NHS, education services, voluntary services and social services. It should be noted that these savings are thought to be realisable, and include inpatient care, A&E attendance, outpatient care, GP attendance, attendance at child guidance clinics and development centres, and health visitor visits. It should also be noted that these savings are thought to be an extremely conservative estimate. Youth justice service costs were not included, and the authors stated that poor recall by parents may have led to an underestimation of the services used. The cohort in the study also had an unusually low level of usage and, subsequently, a low cost to social services. Also, the original study calculated resource use due to conduct disorder for children aged 3 to 8 years. Additional resources will be used and costs incurred by 8 to 12 year olds.
- 20 We have assumed that there will be a considerable backlog of cases already in the system that would benefit from parent-training programmes. The costs to meet the needs of children and families in this backlog have been defined as non-recurrent costs. It has been assumed that it will take 2 years to provide sufficient parent-training programmes to meet this need.
- 21 Estimates from a number of established training programmes that meet the criteria set out in the guidance suggest that some 5000 people in England have been trained in providing parent-training programmes. It is clear that course participants come from a wide range of services, including education, social services, health and the voluntary sector. The relative proportions of staff from each sector, whether these people are still in post and whether they are still capable of facilitating parent-training programmes is unknown. It would be incorrect to assume that there are no appropriately trained and able practitioners working in the NHS; consequently we have assumed that approximately 500 staff currently working in the NHS are trained and able to facilitate parent-training programmes.

Costing template for technology appraisal no. 102 Parent-training/education programmes in the management of children with conduct disorders

Cost of fully implementing the guidance nationally and for [Add the name of your locality into cell A7 of the Step 1 worksheet.]

Introduction

Technology appraisals are core standards within the Department of Health's document 'Standards for better health' and, unless otherwise directed by the Department of Health, NHS bodies should make funding available for treatments recommended by NICE within 3 months of publication of the guidance. Where it is not possible to apply NICE guidance recommendations within the 3-month period following publication, extensions can be granted by the Secretary of State, on advice from NICE. In England the 3-month funding direction has been extended to 2 years for the NICE technology appraisal of parent-training/education programmes in the management of children with conduct disorders. The Welsh Assembly Government is considering its position in regard to the implementation of this guidance in Wales. Further advice to the NHS in Wales will follow in due course.

This document supports the implementation of the guidance. It replaces the section 'Implications for the NHS' in the full guidance that appeared in published technology appraisals prior to September 2005.

The costing template can be used to estimate both the national and the local cost implications of implementing the guidance. By varying the assumptions and feeding in data that reflect local circumstances, the local cost implications can be calculated. The national costing report illustrates the broader implications for the NHS. It is derived from the same template, but using national data. A summary for each of these reports is shown below.

How the costing template was developed

The development of the costing template for national and local use followed a structured approach which involved:

- background research into the appraisal content, current clinical practice, published information and available data
- gathering expert opinion
- development of a costing model to be used to estimate the cost of implementation
- testing the model, including the assumptions and outcomes
- developing the template and report based on the costing model

Background of this technology appraisal

The guidance states that:

- group-based parent-training/education programmes are recommended in the management of children with conduct disorders
- individual-based parent-training/education programmes are recommended in the management of children with conduct disorders only in situations where there are particular difficulties in engaging with the parents or a family's needs are too complex to be met by group-based parent-training/education programmes.

These recommendations, and the characteristics of parent-training/education programmes as defined in the guidance, were used to conduct this cost impact assessment. This cost impact assessment does not replace the guidance relating to this technology appraisal and should be read in conjunction with it.

National costing summary

The estimated cost of fully implementing this appraisal in England is summarised below. Details of the assumptions made are noted on the costing template.

Four main elements of the cost model were identified as:

- current programme costs
- programme costs of running a sufficient number of individual and group programmes
- facilitator training costs
- potential savings based on costs avoided in treating a child with a conduct disorder whose parents have not undertaken a parent-training/education programme.

Table 1 National costs and potential savings to the NHS only

Cost of implementation for England (population 6.7m)	Non-recurrent cost £million	Steady-state annual cost £million
Costs		
Total current programme costs	0.00	4.06
Total proposed programme costs	48.77	31.13
Total proposed facilitator training costs	6.20	0.31
Savings		
Total potential savings to NHS services	-26.21	-16.73
Total cost	28.77	14.70

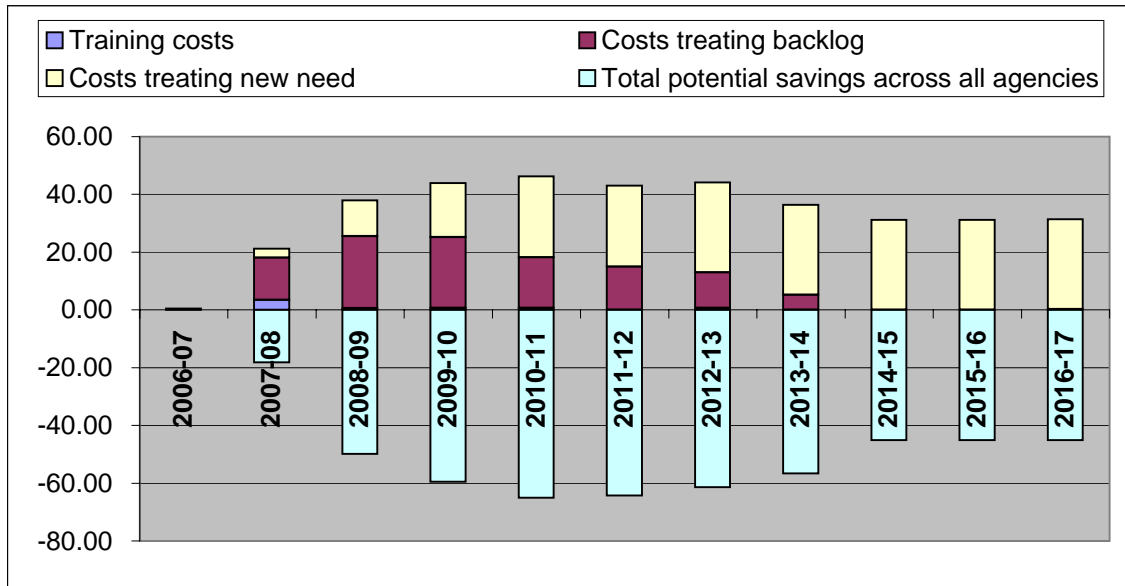
Table 2 National costs and potential savings to education, social services, NHS and voluntary services

Cost of implementation for England (population 6.7m)	Non-recurrent cost £million	Steady-state annual cost £million
Costs		
Total current programme costs	0.00	4.06
Total proposed programme costs	48.77	31.13
Total proposed facilitator training costs	6.20	0.31
Savings		
Total potential savings to education, social services, NHS and voluntary services	-70.82	-45.21
Total cost	-15.85	-13.78

A potential implementation strategy is outlined in the worksheet Cost pver time England. Following this outline, costs and savings that arise by quarter have been calculated. This information has been used to calculate the net cost of implementing this guideline over time. Two sets of figures are shown in Table 3 below. One row shows the net cost of implementing this appraisal taking account of savings to the NHS only, and the other row takes account of savings to all services.

Table 3 National annual net costs over time

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Annual net cost (savings to NHS only), £million	0.52	14.46	19.45	21.85	22.13	19.21
Annual net cost (savings to all services), £million	0.52	2.95	-12.04	-15.68	-18.94	-21.36



Local costing summary

After adapting the assumptions in the costing template to reflect local circumstances including population, the estimated cost of fully implementing this appraisal locally is summarised below.

Unless a local population is selected in step 1, no figures will be displayed in Tables 4 and 5 below.

Locality: [Add the name of your locality into cell A7 of the Step 1 worksheet.]
 Population size: 2,134 boys and girls aged between 2 and 12

Table 4 Local costs and savings to the NHS only

Cost of implementation for local population	Non-recurrent cost £000s	Steady-state annual cost £000s
Costs		
Total current programme costs	0.0	0.0
Total proposed programme costs	296.4	192.6
Total proposed facilitator training costs	46.5	2.1
Savings		
Total potential savings to NHS services	-158.8	-101.4
Total cost	184.1	93.2

Table 5 Local costs and savings to education, social services, NHS and voluntary services

Cost of implementation for local population	Non-recurrent cost £000s	Steady-state annual cost £000s
Costs		
Total current programme costs	0.0	0.0
Total proposed programme costs	296.4	192.6
Total proposed facilitator training costs	46.5	2.1
Savings		
Total potential savings to education, social services, NHS and voluntary	-429.1	-274.1

Total cost	-86.2	-79.4
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A potential implementation strategy is outlined in the worksheet 'Step 4. Costs over time'. This information has been used to calculate the costs and savings that could arise over time. Two sets of figures are shown in Table 6 below. One row shows the net cost of implementing this appraisal taking account of savings to the NHS only; the other row takes account of savings to all services.

Table 6 Local net costs over time

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Net cost (savings to NHS only), £000s	6.1	106.5	118.6	132.4	136.6	117.7
Net cost (savings to all services), £000s	6.1	70.9	-71.9	-94.7	-112.3	-128.5

Other considerations

We have shown the costs and savings to the NHS alone and to a range of public sector services that include the NHS. In the latter case, the provision of parent-training/education programmes appears to lead to an overall cost saving. NICE cost impact assessments of technology appraisals are usually confined to the impact of the guidance on the NHS. However, recent policy on the provision of health services for children, such as the national service framework for children, young people and maternity services, and the evolution of children's trusts, has stressed the need for the NHS, local authorities and partner agencies to work together to improve children's health. Consequently we believe that any local assessment of the implementation of this technology should consider the cost and savings across multiple agencies.

It should be noted that these savings are thought to be realisable, and include inpatient care, A&E attendance, outpatient care, GP attendance, attendance at child guidance clinics and development centres, and health visitor visits. It should also be noted that these savings are thought to be an extremely conservative estimate. The costs incurred by the youth justice service as a result of a child with conduct disorder whose parents had not participated in parent-training programme were not included in the original paper that was used as part of the technology assessment to calculate potential savings. The cohort in the study also had an unusually low level of usage and, subsequently, a low cost to social services. Also, the original study calculated resource use associated with conduct disorders in children between the ages of 3 and 8 years. It is possible that 8 to 12 year olds will use proportionately more resources than 3 to 8 year olds, and consequently further savings may be achievable.