Resource impact summary report

Resource impact
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NICE has conditionally recommended Kinesia 360, KinesiaU, PDMonitor, Personal KinetiGraph (PKG), and STAT-ON as options for remote monitoring of Parkinson's disease if further evidence is generated and cost impact is managed (see the guidance).

Commissioners should consider the available payment options for the technology when deciding which to use (for example, pay per use, a subscription model or outright purchase). They should take into account the fact that the technologies may not be needed any more if further data shows they are not cost effective. The payment options are below.

Payment options for the devices

Device name	Payment option	Cost	Annual cost	Outright purchase
Personal KinetiGraph (PKG)	Per use	n/a	£450	n/a

Kinesia 360	Per month	£224	£2,688	n/a
KinesiaU	Per patient per month	£64	£768	n/a
PD monitor	Per patient per month/ outright purchase	£350	£4,200	£12,000
STAT-ON	Per licence	variable	£1,600	n/a

Further notes for the devices:

- The cost of PKG is £225 per use. Annual cost will vary depending on number of patients and number of uses. Annual cost assumes a patient uses the device twice per year.
- The price of PDMonitor varies according to use. An outright purchase option is £12,000 per patient. A yearly subscription is £350 per patient per month. Discounts are also possible, based on volume. This pricing assumes longer term use by each patient using the device at their home. Alternative uses optimized for the patient are possible using one device for multiple patients. Please contact the company for more details on the discounts and special uses.
- The annual STAT-ON license subscription comprises the download of unlimited reports (for unlimited patients). Cost per person will vary locally depending on how used.

Because the devices are intended for use together with clinical judgement using standard practice, the costs of the devices and the associated costs would be additional to standard of care. Due to uncertainty around the eligible population and the potential benefits, the size of the resource impact should be determined at a local level. A resource impact template is available to help organisations estimate the resource impact at a local level.

The companies provide education and training to healthcare professionals on how to use the devices. However, there could be backfill costs to cover clinicians time attending the training. These should be assessed at a local level.

Based on a [Parkinson's UK report](#), the projected prevalence of Parkinson's in 2018 was around 121,100 people in England. Applying the same prevalence rate to the 2027 projected population, this prevalence is likely to rise to around 126,000 by 2027. The number of people eligible for the devices is not known and should be estimated locally.

Monitoring symptoms of Parkinson's disease is important to help clinicians make decisions about a person's care. This can be difficult in current practice because symptoms can come and go and may be difficult to recall. Sometimes people with Parkinson's disease may struggle to accurately assess their symptoms and how severe they thought they were may differ from those of their carer (care-partner). Review appointments may also be infrequent. Using these devices could help clinicians to better determine when changes to treatment are needed. There could be an increase or decrease in drugs prescribed. This could help better manage symptoms of Parkinson's disease which could improve quality of life for people with Parkinson's disease and their carers.

The devices could help save NHS resources, but it is unclear by how much, and which resources. Using the devices may therefore help organisations generate evidence on the size of their impact on symptoms or health-related quality of life (for people with Parkinson's disease and their carers). Also, to identify how frequently the devices can be used, and under what circumstances, in the NHS, including the impact on NHS resource use. The local [resource impact template](#) can be used to model potential changes in consultation type, and drug costs using local data estimates.

Parkinson disease (neurologic conditions) services are commissioned by integrated care systems. Providers are NHS hospital trusts and primary care providers including GPs.