



# Resource impact summary report

Implementation support

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NICE has recommended that, for adults at risk of falls, GaitSmart rehabilitation exercise programme can be used to treat gait and mobility issues in the NHS while more evidence is generated.

For adults having hip or knee replacements, more research is needed on GaitSmart rehabilitation exercise programme to treat gait and mobility issues before or after surgery. Access to the technology for adults having hip or knee replacements should be through company, research, or non-core NHS funding, and clinical or financial risks should be appropriately managed.

GaitSmart provides 2 functions, an objective digital assessment of gait and a personalised exercise programme.

Current practice in people at risk of falls is based on [NICE's clinical guideline 161 on falls in older people](#). This states that people presenting for medical attention after a fall, people reporting recurrent falls in the past year, and people who show gait or balance abnormalities should be offered a multifactorial falls risk assessment. This would be undertaken by a healthcare professional with appropriate skills and experience, usually in a specialist falls service. The resource impact template considers people who have already received a multifactorial assessment and are to receive gait rehabilitation services based on the GaitSmart system or the standard of care.

People aged 65 years and over have the highest risk of falling, with 30% of them falling at least once a year ([NICE clinical guideline 161](#)). This suggests that out of around 10.8 million people aged 65 years and over in England, around 3.3 million of them fall at least once a year.

The company retains the ownership of GaitSmart. A £1,000 loan fee per provider for the GaitSmart system and for training may be payable upfront and this could be negotiable depending on contract and setting. In addition, the company charges £10 per person per session of GaitSmart exercises (£40 maximum for the 4 recommended sessions per person). Organisations are advised to contact the company for further details of the exact pricing structure that will apply for their local usage.

The company states that following an order of the GaitSmart system, the system will be provided, and 2 training sessions will be arranged and delivered to healthcare professionals who will be using the technology. For any additional training costs, these should be assessed at a local level.

A [resource impact template](#) has been developed and published alongside this report. The template provides an illustration of the potential resource impact. It is based on an estimated 100,000 people accessing falls services (community or hospital) and 10% (10,000) of these using GaitSmart. The figures are based on the economic model (local prices tab in the template). If population growth figures are entered in the template this would result in an increase in the eligible population and increase the cost overall if the same proportion of people incurred a fall.

The table below highlights that the most significant savings are attributable to fewer hours required for gait rehabilitation and a reduction in hospital admissions. Users will need to check if these assumptions are valid for their locality.

**Table 1: Potential savings from using GaitSmart compared to standard of care in England**

Details	% per Unit cost	Number of people
Estimated number of people accessing falls services (community and hospital)	-	100,000
GaitSmart uptake	10%	10,000
<b>Costs</b>	-	<b>£000s</b>
GaitSmart sessions (£10 per session for 4 sessions)	£40	400
<b>Total costs (£000s)</b>	-	<b>400</b>
<b>Capacity benefits based on activity detail</b>	-	-
Reduction in gait rehabilitation sessions	-	571
Reduction in ambulance call outs	-	3
Reduction in accident and emergency attendances	-	3
Reduction in GP visits	-	1
Reduction in hospital admissions	-	68
<b>Total savings (£000s)</b>	-	<b>646</b>
<b>Net savings (£000s)</b>	-	<b>246</b>
<b>Cost saving activity</b>	-	-
Gait rehabilitation sessions - staff time saved (hours)	-	14,750
Reduction in ambulance call outs	-	14

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Reduction in accident and emergency attendances	-	31
Reduction in GP visits (appointments)	-	47
Reduction in hospital admissions		30

Because the company retains the ownership of GaitSmart and a £1,000 loan fee per provider for the GaitSmart system and for training may be payable upfront, table 1 does not include any system upfront fees. To estimate such costs, users can input the number of the systems attracting upfront fees in the template and estimate the total costs.

Reviewed evidence and clinical expert opinion suggests that implementing the guidance may:

- widen access to services due to the mobile nature of the technology, that is, gait assessments could be undertaken in appropriate local facilities promoting collaboration with the voluntary, charitable and third sector providers
- allow a trained healthcare assistant to conduct GaitSmart sessions. In standard of care these sessions are normally conducted by a more senior clinical person, usually a physiotherapist
- help fill a treatment gap for people who may not be able to access gait rehabilitation services
- provide an automated personalised exercise programme matched to individual gait results to improve gait
- increase motivation and concordance with exercise due to the provision of colour coded individual reports at each assessment
- help individuals understand their gait parameters and know whether they have issues that can affect balance, strength or stability

These benefits may also provide some savings to offset some of the potential costs that may result from using GaitSmart.

The template will help organisations estimate the costs of implementing GaitSmart and the associated capacity implications.

Falls services are commissioned by integrated care boards. Providers are NHS primary care and community health care providers.