



# Resource impact summary report

Resource impact

Published: 27 April 2022

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The guideline covers epilepsies in children, young people and adults and updates NICE guideline CG137 (published in 2012 and updated in May 2021).

The number of people who have epilepsies is estimated to be around 900 per 100,000 population in England ([Epilepsy Action](#)), based on around 600,000 people in the UK having epilepsy.

Most of the recommendations in the epilepsies guideline reinforce best practice and do not need any additional resources to implement. However, some of the guideline areas and recommendations may represent a change to current local practice. Where a change is required to current practice, this may require additional resources to implement, which may be significant at a local level. Benefits derived from the change in practice may help mitigate any additional costs.

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

Depending on current local practice, recommendations/areas which may require additional resources and result in additional costs include:

- The provision of reviews and support for women and girls with epilepsy varies at the present time and so the recommendations are likely to have an impact on practice with an increase in regular reviews. **Recommendations 4.4.1 to 4.4.8**
- Some epilepsy nurse specialist services may need to make changes to practice following the recommendations, providing additional reviews, support and interventions including emotional wellbeing and self-management strategies. Some of these epilepsy nurse specialist appointments will already be taking place or will replace appointments with other healthcare practitioners. **Recommendations 11.1.1 to 11.1.3**
- There may be additional costs of implementing recommendations on a local basis for women who are planning pregnancy or who are pregnant and are not having therapeutic drug monitoring. The recommendations are in line with MHRA safety advice on monitoring in pregnancy. **Recommendations 4.6.1 to 4.6.10**
- Referral of all people with drug-resistant epilepsy to surgical centres will probably lead to an increase in presurgical investigations and surgical procedures. This may necessitate the need for more epilepsy surgical training and a greater investment in epilepsy surgery programmes. **Recommendation 8.2.2**

Implementing the guideline may:

- lead to improved satisfaction and emotional wellbeing, greater consistency in provision and care and potentially cost savings. Cost savings are anticipated by reducing the overall use of healthcare services especially in terms of reduced emergency department visits and the subsequent length of hospital stay
- lead to improved consistency of best practice across the country for monitoring therapeutic drugs in pregnant women with epilepsy
- lead to better health outcomes and care experience.

These benefits may also provide some savings to offset some of the potential costs identified above.

Epilepsy services are commissioned by integrated care systems, children's epilepsy surgery services are commissioned by NHS England. Providers are NHS hospital trusts, community providers, primary care providers and GPs.