

## Putting NICE guidance into practice

### **Resource impact report: Spinal metastases and metastatic spinal cord compression (NG234)**

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## Summary

This report focuses on the recommendations from NICE's guideline on spinal metastases and metastatic spinal cord compression (MSCC) that we think will have the greatest resource impact (cost or saving) nationally (for England) and will need the most additional resources to implement or potentially generate the biggest savings. They are:

- Guideline section 1.1 organising and delivering services.
- Guideline section 1.3 recognising spinal metastases or MSCC.

## Financial impact

We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Implementing the guideline may result in the following additional costs:

- More people being referred to MSCC services each year.
- More multi-professional assessments being carried out each year.
- More people having systemic anti-cancer therapy each year.

Implementing NICE's guideline may result in the following benefits and savings:

- Fewer people having surgery each year.
- Fewer people having radiotherapy each year.

MSCC services are commissioned by integrated care boards and NHS England. Providers are NHS hospital trusts across the Cancer Alliance areas in England.

# **1 Introduction**

- 1.1 The guideline offers evidence-based advice on spinal metastases and metastatic spinal cord compression.
- 1.2 This report discusses the resource impact of implementing our guideline on spinal metastases and metastatic spinal cord compression in England. It aims to help organisations plan for the financial implications of implementing the NICE guideline.
- 1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.
- 1.4 Metastatic spinal cord compression services are commissioned by integrated care boards and NHS England. Providers are NHS hospital trusts across the Cancer Alliances in England.

# **2 Background**

- 2.1 This guideline covers recognition, referral, investigation and treatment of spinal metastases and associated metastatic spinal cord compression. It is also relevant for direct malignant infiltration of the spine and associated cord compression, which follow the same care pathway. The guideline aims to improve early diagnosis and treatment to prevent neurological injury.
- 2.2 This guideline will update and replace NICE guideline CG75 'Metastatic spinal cord compression in adults: risk assessment, diagnosis and management' (published November 2008).

### **3 Significant resource impact recommendations**

There are 2 sections of the guideline that may lead to a resource impact when implemented. One of these is considered in section 3.1, the second is considered in section 3.2.

#### **3.1 Organising and delivering services**

##### **Background**

3.1.1 Use of MSCC coordinators was recommended in the 2008 guideline, although stakeholder feedback suggests that this has not been implemented in all centres.

##### **Costs**

3.1.2 There may be costs at a local level of training people to fill the MSCC coordinator role and ensuring that there are sufficient staff with the relevant skills to provide 24-hour cover to the MSCC role if this is not already current practice.

3.1.3 These local training costs are not included in the local resource impact template Training costs may be included in existing budgets and would vary at a local level and can be manually added using the blue cells provided.

##### **Benefits and savings**

3.1.4 The benefit of having a coordinated MSCC service is that people will be treated more quickly and more appropriately reducing inappropriate investigations and reducing the severity of interventions.

##### **Other considerations**

3.1.5 Commissioners and providers will need to work together through cancer alliances to ensure that the coordinated referral pathways are in place.

## 3.2 Recognising spinal metastases or MSCC

### Background

3.2.1 Referring people with suspected spinal metastases or spinal cord compression to MSCC services will represent a change in practice and will result in higher demand for these services.

### Costs

3.2.2 Implementing this guidance is expected to lead to an increase in referrals to MSCC services and each referral will result in a multi-professional assessment for everyone referred. As a result of quicker referral into MSCC services there may be an increase in people having systemic anti-cancer therapy and a decrease in people requiring surgery and radiotherapy. .

## 4 Implications for commissioners and providers

- 4.1 Spinal metastases fall under the programme budgeting code 02X cancers and tumours.
- 4.2 If a coordinated MSCC service has not been implemented then this will require commissioners and providers to work through local cancer alliances to establish these services and the referral pathways for people to access them.
- 4.3 New and existing MSCC services may see an increase in referrals as people with suspected spinal metastases with or without spinal cord compression are referred to the service following the recommendations in section 1.3 of the guidance.
- 4.4 There are 21 [cancer alliances](#) in England. Based on the standard assumptions used in the resource impact template, implementing

the guidance would result in around 570 extra referrals per cancer alliance per year.

## **5 Assumptions made**

- 5.1 The local resource impact template includes rates of referral to MSCC services based on the health economic modelling for the guideline.
- 5.2 If a national tariff price or indicative price exists for an activity, this has been used as the unit cost. These can be amended in the local resource impact template.
- 5.3 Drug prices are based on the eMIT National Database, GOV.UK [Drugs and pharmaceutical electronic market information tool \(eMIT\)](#) [online; accessed 20 July 2023].
- 5.4 Body surface area, dosing and number of cycles are based on health economic modelling.

## About this resource impact report

This resource impact report accompanies the NICE guideline on Spinal metastases and metastatic spinal cord compression and should be read in conjunction with it. Please visit the NICE website to view the [terms and conditions](#).

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