

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Cerebral palsy: the diagnosis and management of cerebral palsy in children and young people

2 List of modelling questions

Review questions by scope area	In children and young people with cerebral palsy, what interventions are cost effective in managing poor saliva control (drooling)?
Population	Children and young people with cerebral palsy that have difficulties with saliva control that result in drooling
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> • transdermal hyoscine hydrobromide (scopolamine hydrobromide); • Botulinum toxin type A (Botox); • Glycopyrronium bromide (Glycopyrrolate); • Submandibular duct rerouting surgery.
Perspective	NHS and Personal Social Services (PSS)
Outcomes	Quality adjusted life years (QALYs)
Type of analysis	Cost-utility analysis
Issues to note	The results are presented in term of the QALY gain necessary to determine the additional (incremental) benefit that would be needed for each of the interventions to be considered as the most cost-effective option and in terms of incremental cost-effectiveness ratios (ICER) where effectiveness is informed by hypothetical health state utilities on a 9-point drooling score
Review questions by scope area	In children and young people with cerebral palsy, what interventions are cost effective in preventing reduced bone mineral density (BMD) and low-impact fractures?
Population	<p>Three populations were considered:</p> <ol style="list-style-type: none"> 1. children and young people with cerebral palsy at increased risk of reduced BMD; 2. children and young people with cerebral palsy with proven osteoporosis; 3. children and young people with cerebral palsy who use standing frames as part of their postural management programme.
Interventions and comparators	The interventions and comparators included in the model depend on the population.

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considered for inclusion	<p>Population 1:</p> <ul style="list-style-type: none">• Active exercise;• Weight bearing activity;• Vitamin D;• Vitamin D plus calcium;• Vibration therapy;• “No treatment”. <p>Population 2:</p> <ul style="list-style-type: none">• Pamidronate disodium (bisphosphonate);• Risedronate sodium (bisphosphonate) plus vitamin D;• Vitamin D;• Vitamin D plus calcium. <p>Population 3:</p> <ul style="list-style-type: none">• Standing frame;• “No treatment”.
Perspective	NHS and PSS
Outcomes	Quality adjusted life years
Type of analysis	Cost-utility analysis
Issues to note	Intermediate outcomes (BMD) are transformed into final outcomes (risk of fracture) associated with a treatment cost and disutility. Clinical effectiveness data was unavailable for calcium without vitamin D and for risedronate sodium without vitamin D.