NICE National Institute for Health and Care Excellence

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

Developmental follow-up of children and young people born preterm: diagnosis and management

2 List of modelling questions

Review questions by scope area	**What is the usefulness of the following screening strategies in the identification of children and young people born preterm with intellectual disability, speech and language disorder and specific leaning difficulty?**
Population	Children and young people (up to the age of 18 years) who were born preterm (less than 37 weeks of pregnancy)
Interventions and comparators considered for inclusion	Standard healthy child programme Plus/enhanced health chid programme Parental observation / concern Teachers observation / concern Formal screening tests
Perspective	NHS and personal social services (PSS)
Outcome	Total cost to identify one case of a developmental problem or disorder
Type of analysis	Cost-consequence analysis
Issues to note	Building a cost-utility analysis was not possible because of a lack of data which meant that it was not possible to translate the earlier identification of problems and disorders into QALY outcomes.

Review questions by scope area	**What is the most appropriate model of personnel for the identification of developmental problems and disorders in babies, children and young people born preterm?**
Population	Children at age two born before 30^{+0} weeks' gestation and children at age four born before 28^{+0} weeks' gestation.
Interventions and comparators considered for inclusion	Variations in surveillance were compared against current practice at assessment points when children are two and four years old.

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Perspective	NHS and personal social services (PSS)
Outcomes	Total and incremental costs of surveillance
Type of analysis	Cost-impact analysis
Issues to note	Building a cost-utility analysis was not possible because of a lack of data which meant that it was not possible to translate the earlier identification of problems and disorders into QALY outcomes.