



# Resource impact summary report

Resource impact

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FibroScan is recommended as an option for assessing liver fibrosis or cirrhosis outside of secondary and specialist care if:

- each FibroScan device is expected to be used for at least 500 scans per year, typically requiring use in locations which cover larger populations, such as community diagnostic hubs
- this is likely to improve access to testing for underserved groups
- it is used in accordance with national guidelines (see [sections 2.3 to 2.5 of the guidance](#))
- a clear care pathway with guidance for healthcare professionals doing the test on what to do based on a FibroScan result is established locally through collaboration between primary or community care and secondary or specialist care providers
- there is training for healthcare professionals on how to do the test, and the company provides supporting materials to make sure people using the test continue to use it correctly.

It is expected that additional FibroScan devices may be required in primary or community care settings to implement the guidance. The recommendations will also require a change to the setting that the assessment is delivered in. Where a change is required to current practice, this may require a reorganisation of resources 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 local variation in where testing will be done in future practice, the size of the resource impact will need to be determined at a local level. There is some uncertainty about the overall long-term costs of using the test in a setting outside of secondary or specialist centres.

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

- making FibroScan testing available in a setting outside of secondary or specialist centres
- the provision of care closer to home may lead to an increase in the number of people attending for their FibroScan and lead to a subsequent increase in referrals to hepatology.

Implementing the guidance may:

- lead to more people being accurately diagnosed with liver fibrosis and cirrhosis if there is an increase in people attending for a scan. This will mean that people with liver disease will have appropriate diagnosis in a timelier manner, allowing them to receive treatment for their condition at the earliest opportunity
- lead to a reduction in initial outpatient referrals and assessment appointments to hepatology and subsequent FibroScan assessments in secondary care, this will allow providers to use resources more efficiently
- lead to better health outcomes and care experience and may reduce health inequalities for people from disadvantaged or high-risk communities.

These benefits may also provide some savings to offset some of the potential costs identified above. For example, earlier appropriate treatment for people with liver disease can have longer term savings and benefits for secondary care capacity.

An increase of 1,000 people receiving their scans in a setting outside of secondary or specialist centres would require around 0.3 wte (whole time equivalents) to prepare and complete the scan. If there was an equivalent reduction in 1,000 referrals to hepatology as a result of this direct referral for a scan this would equate to a reduction of around 95 clinical sessions (based on 1,000 x 20-minute appointment and 3.5-hour clinical session). It is assumed that the pathway subsequent to the scan is identical both within secondary or specialist centres and outside of secondary or specialist centres. The change in the pathway is that if the scan is performed outside of secondary or specialist centres, the referral will be direct to scan.

The local [resource impact template](#) that accompanies this report allows users to model the impact on different clinical resources. If the number of additional scans outside of secondary care is similar to the reduced number in secondary care, consideration about deployment of existing resources may mitigate any need for additional resources.

Hepatology and liver assessment services are commissioned by integrated care boards. Providers are community providers, primary care providers and secondary care providers.