



Resource impact statement

Resource impact

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No significant resource impact is anticipated

We do not expect this guideline to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or £1,800 per 100,000 population) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or £9,000 per 100,000 population).

Where practice changes as a result of this guideline, there will not be a significant change in resource use. This is because the cost of interventions is generally low and the recommendations mainly support better use of existing resources and pathways. Many of the recommendations also support current best practice and policies such as the [Clean Air Strategy 2019](#), [NICE's guideline on excess winter deaths and illness and the health risks associated with cold homes](#) and the [Ministry of Housing, Communities & Local Government's Housing Health and Safety Rating System operating guidance](#).

Making indoor air quality a public health priority will improve people's health and may also lead to indirect resource savings elsewhere. For example, improving indoor air quality may lead to fewer hospital admissions or GP and community nurse appointments to treat people with asthma.

Local authorities are responsible for providing and commissioning social housing and they have a duty of care to ensure that both public sector and private rented properties are maintained to a decent standard.

Community nurses, GPs and hospital medical teams may treat people who are affected by, or vulnerable to conditions caused by poor air quality at home. These healthcare services are commissioned by clinical commissioning groups (who commission community care providers and NHS hospital trusts) and NHS England (who commission GP services).