



# Resource impact statement

Resource impact

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The 2023 version of the NICE guideline on venous thromboembolic diseases: diagnosis, management and thrombophilia testing updates and replaces the former guideline from 2020. The updated guideline reviewed the evidence on the use of Wells score and D-dimer in the diagnostic pathways for pulmonary embolism (PE) and deep vein thrombosis in people with COVID-19.

We expect that the resource impact of this update:

- for any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.6 million people) **and**
- for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

Imaging investigations are indicated in people with a low-risk Wells score but positive D-dimer test. People with COVID-19, a low-risk Wells score and elevated D-dimers are likely to have imaging based on the current diagnostic pathway. There may be other reasons for elevated D-dimer levels in the COVID-19 population and the evidence suggests an increase in false-positive D-dimer results, therefore increasing the number of people who have imaging but turn out not to have venous thromboembolism (VTE). As the incidence rate for COVID-19 related hospital admissions is steadily reducing, the rates of people who have imaging but turn out not to have VTE should also reduce in practice.

Increased use of the pulmonary embolism rule-out criteria (PERC) can be expected to reduce the need for D-dimer testing and imaging for people with none of the PERC criteria for PE, leading to some reductions in waiting times in primary care and emergency departments. It will also help to avoid unnecessary anticoagulation treatment.

Services for people with VTE are commissioned by integrated care boards. Providers are NHS hospital trusts and primary care services.