



Resource impact statement (type 1 diabetes and insulin therapy)

Resource impact

Published: 21 July 2021

Last updated: 21 July 2021

www.nice.org.uk

No significant resource impact is anticipated

The NICE guideline on Type 1 diabetes in adults: diagnosis and management updates and replaces the former guideline NG17 published in 2015.

We do not expect this update 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 approximately £1,800 per 100,000 population, based on a population for England of 56.3 million) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million).

Where clinical practice changes as a result of this update to the previous NICE guideline, there is not anticipated to be a significant change in resource use.

The guideline provides updated recommendations on insulin therapy and sets out scenarios where ultra-long-acting insulins and biosimilars may be useful and cost effective. When there are concerns about nocturnal hypoglycaemia, degludec should be considered. There may be additional costs because degludec is more expensive than other insulin therapies, however there are likely to be resource savings from fewer hypoglycaemic events. The guideline recommends the use of biosimilars and where this represents a change in practice, it is expected to lead to cost savings. The overall resource impact is not expected to be significant at a national level.

Diabetes services are commissioned by integrated care systems/clinical commissioning groups and strategic transformation partnerships. Providers are NHS hospital trusts, community providers and primary care providers.