



# Resource impact statement (glucose-lowering agents for type 2 diabetes)

Resource impact

Published: 11 May 2023

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The NICE guideline on diabetes (type 1 and type 2) in children and young people: diagnosis and management updates and replaces the former guideline NG18 published in 2015. The updated guideline reviewed the evidence on glucose-lowering agents for managing blood glucose levels in children and young people with type 2 diabetes.

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).

This is because the prevalence of type 2 diabetes in the paediatric population identified in this review is relatively low.

The evidence on the effectiveness of continuous glucose monitoring (CGM) in children and young people with type 2 diabetes is limited, mostly because of the small number of children and young people with type 2 diabetes. As a result, the committee based recommendations on CGM for this population on the recommendations about CGM for children and young people with type 1 diabetes, which concluded that real-time CGM is more effective than capillary blood glucose monitoring.

Increased support from a paediatric diabetic nurse and consultant may be needed when a child or young person starts glucose-lowering agents or a CGM device for managing blood glucose levels.

Diabetes services may be commissioned by NHS England and integrated care boards. Providers are NHS hospital trusts and primary care providers.