



Resource impact summary report

Resource impact

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This guideline covers care and treatment for people with, or at risk of, chronic kidney disease (CKD). It aims to prevent or delay the progression and reduce the risk of complications and cardiovascular disease. It also covers managing anaemia and hyperphosphataemia associated with CKD.

Recommendation 1.6.7 relates to guidance on SGLT2 inhibitors for adults with CKD and type 2 diabetes. Details relating to this can now be found in [NICE's guideline on type 2 diabetes in adults](#) (recommendations 1.7.13 and 1.7.14). The guideline on type 2 diabetes in adults is supported by a [resource impact template and report](#) which may be used to calculate the resource impact of implementing the recommendations relating to SGLT2 inhibitors. All SGLT2 inhibitors are currently recommended by NICE for use by adults with type 2 diabetes. Until recently it was contraindicated to initiate SGLT2 inhibitors in people with CKD; however, canagliflozin and dapagliflozin have now received marketing authorisation in the UK for this indication. This recommendation may lead to a substantial change in practice and these drugs being prescribed more widely.

Recommendation 1.9.18 in this guideline states 'Offer a high-dose intravenous iron regimen to people with stage 5 CKD on in-centre (hospital or satellite unit) haemodialysis, if they have iron deficiency'. This recommendation is not expected to result in a significant resource impact for most commissioners and providers because the committee advised that the recommendation is consistent with current practice and that intravenous iron is reasonably inexpensive. However, where the recommendation does not reflect current practice, any increase in iron cost will affect the secondary care clinical commissioning budget. There may also be potential savings for NHS England, the commissioners of erythropoiesis-stimulating agents (ESAs), because people receiving high-dose iron may receive a lower dose of ESA compared with people receiving a low dose of iron. Any excess treatment costs associated with offering high-dose iron instead of low-dose iron are likely to be offset by the reduction in ESA dose. The impact should be considered locally and will depend on current prescribing and commissioning.

Diabetes and chronic kidney disease services are commissioned by NHS England and integrated care systems/clinical commissioning groups. Providers are primary care services, NHS hospital trusts and tertiary care services.