



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).

This is because most of the recommendations reflect current practice and are unlikely to lead to changes.

However, [recommendation 1.1.11](#) not to routinely offer a lumbar puncture if a CT head scan done within 6 hours of symptom onset and reported and documented by a radiologist shows no evidence of a subarachnoid haemorrhage may reduce the use of lumbar punctures in centres where it is current practice.

Also, [recommendation 1.3.1](#) not to use transcranial doppler monitoring to guide clinical management of an aneurysmal subarachnoid haemorrhage except in the context of clinical research may help to stop the use of transcranial doppler monitoring in centres that use it in routine practice. Clinical expert opinion suggests that practice varies across the country therefore the recommendation may help standardise practice.

Any potential savings as a result of the recommendations are not expected to lead to a significant resource impact at a national level.

Subarachnoid haemorrhage services are commissioned by integrated care systems. Providers are NHS hospital trusts.