



Resource impact summary report

Resource impact

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Recommendations

The November 2024 version of NICE's guideline on menopause updates and replaces the previous version published in November 2015.

New evidence reviewed included information on endometrial cancer, ovarian cancer and all-cause mortality and the effects of either taking or not taking hormone replacement therapy (HRT) on health outcomes for people experiencing early menopause (age 40 to 44). The updated areas include management of genitourinary symptoms, effects of HRT on cardiovascular disease and stroke, breast cancer and dementia. The recommendation to consider menopause specific cognitive behavioural therapy (CBT) as a management option for vasomotor symptoms associated with menopause has been updated to use CBT either alongside HRT or for people for whom HRT is contraindicated or who prefer not to take it. CBT is also to be considered for depressive symptoms or sleep problems associated with menopause.

The committee highlighted that both the updated and new recommendations do not represent a major change to current practice. However, consultation comments suggested that the level of HRT prescriptions varies across the country, particularly where there are areas of deprivation. Therefore, there may be an increase in the number of people seeking healthcare support including HRT medication and CBT therapy.

NICE has developed a [resource impact assessment template](#) which supports this summary report. The template allows users to estimate whole service resource implications covering the following:

- potential increase in people accessing services
- potential increase in HRT use
- potential increase in CBT therapy
- diagnostics
- staff training (menopause specific CBT).

Eligible population for the guideline

Table 1 shows the number of people covered by the guideline. Trans men and non-binary people registered female at birth have not been separately identified. The [Office for National Statistics – Census 2021](#) states that there are around 47,100 trans men and 29,400 non-binary people aged 16 years and over in England. Therefore, based on these figures, the number aged 40 to 55 years old and eligible for services is likely to be small.

Table 1 Prevalence of vasomotor symptoms and proportion of people who have hormone replacement therapies in England 2022/23

Details	Number of people	Percentage
Women aged 40 to 55 years old in England	6,138,952	-
Women presenting to a healthcare professional with vasomotor symptoms	1,295,319	21.1%
Women with vasomotor symptoms who received HRT	699,001	53.9%

The data in table 1 is based on the [Office for National Statistics – Census 2021](#).

HRT data is based on the [Prescription Cost Analysis - England 2022/2023](#).

The population of women aged 40 to 55 years old is based on the [Office for National Statistics – Census 2021](#). Trans men and non-binary people registered female at birth have not been separately identified but for resource impact estimates are assumed to be covered by estimates made for the population of women aged 40 to 45 years old. The prevalence of vasomotor symptoms is based on the [Epidemiology and treatment patterns of UK women diagnosed with vasomotor symptoms](#). The proportion of people who received HRT is based on data obtained from the [Prescription Cost Analysis - England 2022/2023](#). The number could be an overestimate as some people may have received more than 1 prescription for distinct types of HRTs in-year.

Financial resource impact (cash items)

Currently, it is estimated around 699,000 people receive prescribed HRTs. The average cost per person, per year of HRT may be around £154 ([NHS Electronic Drug Tariff](#)). Table 2 illustrates the potential resource impact associated with an additional 10,000 people having HRTs.

Table 2 Resource impact if an additional 10,000 people have HRTs in England

Drug cost	Unit cost	Resource impact
If lowest price HRT used	£106	£1,060,000
If highest price HRT used	£230	£2,300,000
If average price HRT used	£154	£1,540,000

Drug costs have been taken from the [NHS electronic drug tariff](#). Dosages were taken from the economic model evidence supporting the guideline.

For further analysis of the unit costs or to calculate the financial impact of cash items, see the [resource impact template](#).

Capacity impact

There may be an increase in the number of people seeking healthcare support. The following may be areas of capacity impact on primary and secondary care:

- increase in GP appointments
- increase in specialist secondary care appointments
- increase in diagnostics, including ultrasound and endometrial biopsies
- increase in CBT treatment options
- staff training for menopause specific CBT, there are few staff with menopause specific CBT training
- additional education and training for healthcare professionals with expertise in menopause.

For further analysis of the capacity impacts or to calculate the financial capacity impact from a commissioner (national) and provider (local) perspective, see the [resource impact template](#).

Key information

Table 3 Key information

Speciality	Gynaecology
Disease area	Menopause
Pathway position	Whole service
Provider(s)	Primary care, secondary care – acute and tertiary care
Commissioner(s)	Integrated care boards
Programme budgeting category	PBC17A - Genital tract problems

About this resource impact summary report

This resource impact summary report accompanies the [NICE guideline on menopause identification and management](#) and should be read with it.