



Resource impact statement

Resource impact

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No significant resource impact is anticipated

The NICE guideline covers the assessment and management of thyroid cancer.

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 approximately £1,800 per 100,000 population, based on a population for England of 56.3 million people) **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 people).

Most of the recommendations reflect current practice and will reinforce it. Based on current practice, additional resources may be needed for the following.

Recommendation 1.2.5 on thyroid peroxidase antibody may lead to an additional use of resources but will also lead to fewer unnecessary thyroidectomies and improve efficiencies. This is not expected to have a significant resource impact due to the low cost of thyroid peroxidase antibody tests and the small number of people affected.

Recommendation 1.2.15 on repeat sampling with core-needle biopsy (CNB) is expected in the short term to require changes in training for radiologists and equipment in centres where CNB is not currently used. However, the lower inconclusive rates and better accuracy of CNB will lead to fewer unnecessary hemithyroidectomies and possibly shorten the diagnosis time for many people. It is expected that this will improve efficiency in the NHS and offset the short-term costs.

The overall resource impact of this guideline is not expected to be significant at a national level.

Adult specialist endocrinology services which include services for people with thyroid cancer are commissioned by NHS England. Providers are NHS hospital trusts and primary care providers.

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