



# Resource impact statement

Resource impact

Published: 8 February 2023

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## No significant resource impact is anticipated

The NICE guideline on Barrett's oesophagus and stage 1 oesophageal adenocarcinoma updates and replaces the former guideline published in 2010.

We do not expect this update 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).

Where clinical practice changes as a result of this update to the previous NICE guideline, there will not be a significant change in resource use. This is because the updated recommendations are predominantly in line with current practice and therefore are unlikely to have a substantial resource impact at a national level. A few recommendations may have an impact at a local level.

The updated guideline recommends offering a clinical consultation to people with newly diagnosed Barrett's oesophagus and providing endoscopy reports that include a lay summary of the findings after each surveillance procedure (recommendations 1.1.1 and 1.1.3). Where these are not current practice, there may be some capacity pressures at outpatient clinics.

The recommendation to not use CT or endoscopic ultrasonography before endoscopic resection for staging suspected T1a oesophageal adenocarcinoma (recommendation 1.4.2) may have a capacity benefit in areas where this is not current practice.

Recommendation 1.7.1, to consider radiotherapy (alone or in combination with chemotherapy) for people with T1b oesophageal adenocarcinoma at high risk of cancer progression may lead to some capacity and non-capacity savings if major surgery can be avoided as a result.

Gastroenterology services for Barrett's oesophagus are commissioned by integrated care systems. Providers are NHS hospital trusts and GPs.