



Resource impact statement

Resource impact

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This guideline covers the diagnosis and management of vitamin B12 deficiency, including deficiency caused by autoimmune gastritis. The guideline includes recommendations on how to identify, test and treat vitamin B12 deficiency based on its cause and monitoring for complications. It aims to raise awareness of the condition in people aged 16 and over, including those who are pregnant or breastfeeding, leading to better diagnosis, treatment and ongoing care. We expect that the resource impact of this guideline:

- for 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 56.6 million people) **and**
- for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

This is because any cost from an increase in testing and treatment is likely to be offset by savings and benefits from referrals to secondary care and investigations avoided, and the unit cost for the interventions are small. There may be an increase in the use of active B12 tests over total B12, and as active B12 is a more expensive test this may result in an increase in costs for these tests, although the guidance does not recommend one type of B12 test over another. The recommendation for methylmalonic acid (MMA) testing in people who have unclear active or total B12 results may lead to an increase in the number of these tests being carried out. Not all labs currently offer this test and it is more expensive than active or total B12, so there may be an increase in costs and a capacity impact for labs having to carry out these tests. Based on a unit cost of £30.40 per test, an additional 10,000 MMA tests would have a resource impact of £304,000.

This statement is supported by a local resource impact template to help users estimate the impact in their area.

Commissioners and providers should consider that the increase in testing and diagnosis will happen in primary care while the savings from reduced referrals and earlier treatment and diagnosis will happen in secondary care when implementing this guideline.

Vitamin B12 services are commissioned by integrated care boards and local authorities. Providers are primary care.