Resource impact summary report

Resource impact
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This guideline covers assessing and managing suspected or confirmed cirrhosis in people who are 16 years or older. It aims to improve how cirrhosis is identified and diagnosed, and gives advice on the monitoring, prevention and early management of complications.

The updated guideline partially updates the previous guideline published in July 2016.

The number of people in England and Wales who have cirrhosis is estimated to be around 110 per 100,000 population (Williams et al. 2014). This is equivalent to an estimated 61,000 people with cirrhosis in England by 2026/27 after adjusting for population growth.

Most of the recommendations in the updated guideline reinforce best practice and do not need any additional resources to implement. However, some of the guideline areas and recommendations may represent a change to current local practice. Where a change is required to current practice, this may require additional resources to implement, which may be significant at a local level. Benefits derived from the change in practice may help mitigate any costs and are estimated to be cost saving.

Because of a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

Depending on current local practice, recommendations that may require additional resources and result in additional costs include:

- Primary prevention of decompensation (**recommendation 1.3.3**). This recommendation may increase the number of people prescribed non-selective beta blockers for primary prevention of decompensation in people with cirrhosis and clinically significant portal hypertension and should reduce costs for treating decompensation.
- Preventing bleeding from medium or large oesophageal varices (**recommendations 1.3.4 and 1.3.5**). These recommendations will increase the use of non-selective beta blockers to prevent variceal bleeding and should reduce the number of endoscopic variceal band ligation procedures required.
- Preventing spontaneous bacterial peritonitis (**recommendations 1.3.6 to 1.3.8**). These recommendations further reinforce that antibiotics are not necessary for everyone with cirrhosis and ascites, which may reduce the costs of prescribing antibiotics where these are currently being prescribed routinely.

Implementing the guideline may:

- increase the uptake of non-selective beta blockers
- reduce the number of monitoring endoscopies for people receiving non-selective beta blockers
- reduce the use of endoscopic variceal band ligation which will result in a reduction of costs and create a capacity benefit
- delay decompensation and reduce associated treatments costs
- reduce costs of prescribing antibiotics
- lead to improved consistency of best practice across the country
- lead to better health outcomes and care experience.

For every 100 patients who switch to non-selective beta blockers for prevention of variceal bleeding, an estimated 200 endoscopic variceal band ligation procedures and 830 endoscopic surveillance procedures, and their associated costs, are avoided over a 5-year period.

These benefits may also provide some savings to offset some of the potential costs identified above and the updated recommendations are expected to be cost saving overall. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Services for people with cirrhosis are commissioned by integrated care boards. Providers are NHS hospital trusts and primary care.