



# Resource impact statement

Resource impact

Published: 23 May 2019

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## No significant resource impact is anticipated

We do not expect this guideline to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation will be less than £1 million per year in England (or £1,800 per 100,000 population) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or £9,100 per 100,000 population).

This is because it is considered that where clinical practice changes as a result of this guideline, it will not result in a significant resource impact.

The recommendations on diagnostic testing may result in a change in practice in some health systems and although this recommendation may apply to a large population, testing for serum calcium is low cost (the committee estimated the cost to be between £0.30 and £1.00). It is also recognised that testing helps to diagnose and treat primary hyperparathyroidism sooner. Therefore, the recommendations on diagnostic testing could lead to a reduction in hospital admissions which may result in savings. The overall resource impact for these recommendations is not expected to be significant.

This guideline is not expected to result in a significant number of additional surgeries for primary hyperparathyroidism as a result of the recommendations on referral for surgery.

Endocrinology services to treat primary hyperparathyroidism are commissioned by clinical commissioning groups. Providers are NHS hospital trusts.