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1 Introduction

1.1 Overview of NICE

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

NICE was originally set up in 1999 as the National Institute for Clinical Excellence, a special health authority, to reduce variation in the availability and quality of NHS treatments and care.

In 2005, after merging with the Health Development Agency, we began developing public health guidance to help prevent ill health and promote healthier lifestyles. Our name changed to the National Institute for Health and Clinical Excellence.

In April 2013 we were established in primary legislation, becoming a non-departmental public body, which places us on a solid statutory footing as set out in the Health and Social Care Act 2012. We took on responsibility for developing guidance and quality standards in social care, and our name changed to its current form to reflect these new responsibilities.

As a non-departmental public body, we are accountable to our sponsor department, the Department of Health, but operationally we are independent of government. Our guidance is developed by independent committees. The NICE Board sets our strategic priorities and policies, but day-to-day decision-making is the responsibility of our senior management team.

The way in which NICE was established in legislation means our guidance officially applies only to England. However, we have agreements to provide certain NICE products and services to Wales, Scotland and Northern Ireland. Decisions on how our guidance applies in these countries are made by the devolved administrations, who are often involved and consulted during the development of NICE guidance.
1.2 Centre for Guidelines (from guideline manual introduction)

The Centre for Guidelines develops guidelines on clinical practice, public health and social care topics.

NICE guidelines make evidence-based recommendations on a wide range of topics, including preventing and managing specific conditions, improving health, managing medicines in different settings, providing social care and support to adults and children, and planning broader services and interventions to improve the health of communities. They aim to promote individualised care and integrated care (for example, by covering transitions between children's and adults' services and between health and social care).

Guideline recommendations set out:

- the care and services that are suitable for most people with a specific condition or need
- the care and services suitable for particular populations, groups or people in particular circumstances or settings (for example, when being discharged from hospital)
- ways to promote and protect good health or prevent ill health
- the configuration and provision of health and social care services
- how national and local public sector organisations and partnerships can improve the quality of care and services (for example, how the NHS and social care services work together).

Many guideline recommendations are for individual health and social care practitioners, who should use them in conjunction with their professional judgement and discussion with people using services. Some recommendations are for local authorities, commissioners and managers, and cover planning, commissioning and improving services; others are for providers (organisations providing services), schools, and local and national organisations and partnerships in the public, private and voluntary sectors.
Guideline recommendations are also useful for people who use health and social care services (including people who pay for their own social care), their families and carers, and organisations representing their interests.

Alongside the recommendations, guidelines also summarise the evidence and explain how the recommendations were derived from the evidence.

### 1.3 The purpose of this process manual

This process manual describes the role of the resource impact team, which involves supporting guideline committees to develop recommendations and providing products to help organisations implement NICE guidelines.

Process manuals are produced to ensure that NICE work programmes are carried out in an open, credible, transparent and timely way, allowing input from internal and external stakeholders.

This process manual is written to:

- help the resource impact team work effectively with guideline teams at NICE and guideline developers
- help other NICE teams and external stakeholders understand the role of the resource impact team.

It does this by:

- defining how the resource impact team works alongside the Centre for Guidelines and guideline developers
- describing the processes involved in developing resource impact products
- highlighting when liaison with external stakeholders is important.

The resource impact team works closely with the Centre for Guidelines, so this process manual should be read in conjunction with Developing NICE guidelines: the manual.
This manual covers guidelines only. A separate manual has been produced for technology appraisals and highly specialised technologies.

1.4 **Overview of resource impact**

The resource impact team provides an estimate of the cost or saving (‘resource impact’) of implementing a guideline.

The resource impact team works alongside guideline committees to support section 7.2 of *developing NICE guidelines: the manual*. This states: “Guideline recommendations should be based on the balance between the estimated costs of the interventions or services and their expected benefits compared with an alternative (that is, their ‘cost effectiveness’). In general, the committee will want to be increasingly certain of the cost effectiveness of a recommendation as the cost of implementation increases. Therefore, the committee may require more robust evidence on the effectiveness and cost effectiveness of recommendations that are expected to have a substantial impact on resources; any uncertainties must be offset by a compelling argument in favour of the recommendation. The cost impact or savings potential of a recommendation should not be the sole reason for the committee’s decision.”

The resource impact team follows guideline development from an early stage to identify recommendations that either individually or cumulatively have a substantial impact on resources. The aim is to ensure that a recommendation does not introduce a cost pressure into the health and social care system unless the committee is convinced of the benefits and cost effectiveness of the recommendation.

As well as costs and savings, the team gives advice to committees on wide-ranging issues such as workforce, capacity and demand, training, facilities and educational implications of the recommendations. It may also advise where responsibility for implementation rests (by identifying commissioners
and providers) and who the costs or savings are for (the commissioner or provider).

The team also gives strategic advice and information about the resource impact of guidelines to national partner organisations, including the Department of Health, Department for Education, NHS England, NHS Improvement and Public Health England, particularly if there is likely to be a substantial resource impact.

The team’s overall aim is to:

- ensure guidelines are supported by good economic evidence if the resource impact is estimated to be substantial
- tell health and social care organisations as early as possible about the likely resource impact of guidelines to support their financial planning
- support future financial planning by profiling the resource impact over the coming 5 financial years if possible
- provide a clear and concise resource impact report and template of the resource impact of implementing a NICE guideline.

There is more information about how resource impact is calculated and how the resource impact team works in chapters 4 and 5.

1.5 **Key audiences**

Resource impact products are of interest and relevance to many external stakeholders:

**Organisations**

- Department of Health
- Department for Education
- NHS England
- Local authorities
- Public Health England
Assessing resource impact process manual: guidelines

- NHS Improvement
- Clinical commissioning groups
- Health Education England
- Royal colleges
- NHS Digital
- Health and social care providers
- Pharmaceutical companies
- Medical and diagnostic technology companies
- Organisations representing people who use health and social care services
- Individuals
  - Health and social care professionals responsible for putting new guidelines into practice
  - Clinical directors and clinical managers
  - Social care managers
  - Business and finance managers in provider organisations
  - Commissioning staff, including clinical leads and chairs in clinical commissioning groups and clinical and commissioning networks
  - Staff with responsibility for quality improvement
  - People who use health and social care services, their families and carers, and the public

2 Resource impact principles and perspectives

This chapter sets out the principles behind NICE resource impact products.

2.1 Principles

The following key principles underpin development of NICE resource impact products:

- Standard accounting principles are applied
- Only direct consequences of implementing guideline recommendations are included (see section 4.2 for further detail)
- Resource impact changes usually cover only those commissioned and funded by the public sector (this includes the commissioning and funding of services provided by the public, private, third or charity sectors)
- Assessments are consistent with the economic analysis in the guideline where applicable, for example looking at the same interventions
- The best available datasets are used and supplemented with expert opinion
- Key stakeholders are consulted
- National estimates are provided wherever possible.

The resource impact report focuses on the financial impact of a guideline (for example, a change in the number of hospital admissions paid for by the commissioning organisation), but also looks at other areas of resource impact, if relevant, such as:

- workforce
- capacity and demand
- infrastructure
- training and education.

2.2 Perspectives

The resource impact may differ when viewed from either the commissioner’s or the provider’s perspective. There will be a difference in whether activity for care and services is being commissioned or provided. For example, in the NHS acute activity falls mainly under national tariff, so the cost to commission activity informs commissioners of what they might be expected to pay in the future, and helps the provider to estimate expected income.

Resource impact reports focus on the cost to the commissioner. The provider is usually better placed than the commissioner to review what the change will mean in practice and to assess the cost of providing the activity.
It is difficult to provide full cost details for providers because of structural resource variations between providers. Implications for providers are highlighted if the information is robust.

### 2.3 Timeframes

The resource impact report covers a period of 5 years after the guideline is published and indicates when full implementation is assumed to be achieved.

### 3 Populations affected, activity levels and unit costs

This chapter describes the process of estimating populations and of identifying activity levels and unit costs of activity.

#### 3.1 Background

To prepare a resource impact product we need to identify the population affected by the guideline, the likely change in activity as a result of the guideline and the unit cost associated with the recommended activity.

Resource impact processes meet information governance standards. This includes requesting, receiving, storing, sharing and destroying data in line with information governance requirements of NICE.

Where NHS Digital provide data (such as Hospital Episode Statistics) for resource impact assessments, the resource impact team meet contractual and information governance requirements set out by NHS Digital.

#### 3.2 Population sources

There are 2 main measures of population: resident population and registered population. The estimated resident population of an area includes everyone who usually lives there. The registered population is the number of people registered with a GP.
If possible, the resident population is used because the registered population may be overstated. The main reasons for this are people leaving the country or area and not notifying their GP, and the delay between a patient registering with a new GP and being removed from the register of their original GP.

### 3.3 Incidence and prevalence data

Incidence and prevalence measure different aspects of disease or care need burden in a population, although they are related.

The cumulative incidence of a particular condition is the proportion of a population who develop the condition in a defined time period. The incidence rate is the rate at which new events occur in a population.

The prevalence of a condition is the number of people in a given group or population who are reported to have the condition at a given time. It is important to understand the basis on which data on incidence and prevalence are gathered and presented.

Examples of incidence and prevalence:

- **Annual incidence** – the number of people who will develop a disease or a care need over the course of a year; this is the most common way of expressing incidence.
- **Point prevalence** – the burden of disease or care need in a population at a particular point in time.
- **Lifetime prevalence** – how many people may be affected by a disease or have a care need during the course of their lifetime.

Both prevalence and incidence data may need to be considered within a single resource impact tool so that the resource impact of different recommendations can be calculated accurately. For example, to determine the annual treatment cost for a chronic condition lasting many years we need to know the prevalence, whereas the annual cost relating to initial diagnosis is linked to the annual incidence.
3.4 **Data sources for establishing current activity**

The data used to establish the current activity will vary depending on the topic of the guideline. In some cases multiple sources may be needed. Data used should be accurate and credible and its source referenced.

Current activity is usually difficult to define for public health and social care because it is sparse, so the resource impact team works with committees to identify the best available data.

Commonly used types of data and sources used to establish a baseline include:

- hospital data – such as [Hospital episode statistics](#)
- prescribing data – such as the [Electronic prescribing analysis and cost tool](#) (ePACT) system
- primary care data – such as GP medical databases, for example THIN (provided by Quintiles IMS, through NHS Digital)
- Hospital pharmacy audit index (provided by Quintiles IMS, through NHS Digital)
- [NHS Digital](#)
- [Personal Social Services Research Unit](#)
- publications that measure uptake of NICE guidelines.

3.5 **Data sources to establish future practice**

Predicting future practice following the implementation of a recommendation poses significant challenges. Predictions of future uptake should not rely on a single source.

Assumptions made are documented and fully referenced, and checked with topic experts, committee members and guideline developers.

Sources used for estimating future practice include:

- committee members
• areas that have already implemented the recommended practice ahead of the guideline being issued
• information used to inform the guideline economic model(s)
• NICE Medicines and Prescribing Associate programme.

3.6 Activity and unit costs

The estimated activity for services outlined in the guideline is checked to see if there is an identifiable cost assigned to the activity or whether there are specific unit costs that can be used.

Healthcare

In healthcare there are a number of sources for which activity and cost are linked as follows:

• Secondary care hospital acute activity has a national tariff (price); or reference costs can be used when assessing the resource impact. However, recognition needs to be given to whether local flexibility is possible in respect of national tariffs.
• If it is not possible to use national tariff or reference costs, unit prices may be obtained from NHS organisations currently providing the service. This is useful for very new procedures that have not yet been included in the tariff. It also applies to high-cost procedures that are specifically excluded from the scope of the tariff.
• Drug prices used are the latest available list price and are usually the same price as used in any technology appraisals NICE has carried out related to the topic.
• The medicines evidence and advice team provide advice on the source of the latest prices available.
• The economic model(s) used in guideline development may also be referenced.
Public health
The primary data sources for preparing resource impact products for public health guidelines are NHS Digital, the Personal Social Services Research Unit, the Local Government Association, and the economic model(s) used in guideline development.

Social care
Similar to public health, the primary data sources for preparing resource impact products for social care guidelines are NHS Digital, the Personal Social Services Research Unit, the Local Government Association and the economic model(s) used in guideline development.

4 Role of the resource impact team
This chapter defines resource impact and explains how it is calculated for a guideline.

4.1 What is resource impact?
Resource impact is the financial change in the use of resources (cost or saving) as a result of implementing a guideline. It can also be called the budget impact.

4.2 Assessing resource impact
To assess resource impact, guideline recommendations are identified that individually or cumulatively have a substantial impact on resources. Resource impact is considered for each of the first 5 years of implementing the guideline after its publication. It is defined as substantial if:

- the resource impact of implementing a single guideline recommendation in England is more than £1 million per year or
- the resource impact of implementing the whole guideline in England is more than £5 million per year.
The resource impact is determined by estimating costs and savings as a direct consequence of implementing the guideline. Direct consequences are the changes in practice that will result from implementation. For example, this could include a change in prescribing practice or the number of patient admissions. The follow-on impact – for example, preventing adverse events and avoiding future admissions – is also considered as a direct consequence.

An example of an indirect consequence is a scenario in which a person who has an intervention that prevents them from dying goes on to develop other diseases that are costly to treat. However, because the person could develop any disease totally unrelated to the guideline recommendation for their original condition, this indirect consequence cannot be considered in the resource impact.

Resource impact is based on accounting principles. These may differ from health economic principles. For example, the health economic analysis may include events avoided as part of the lifetime impact, whereas the resource impact tool focuses on the costs or savings for the first 5 years after the guideline is published. The health economic analysis may also take into accounts costs or savings as a result of increased or decreased staff time, whereas the resource impact analysis would not quantify this unless it was likely to lead to more or less staff being employed.

Where substantial costs and savings may be incurred or made in different settings but the net impact across both settings is not substantial, this shift would still be highlighted in the resource impact tools. For example, a local authority may invest in an area of public health which leads to savings for the health sector from reduced hospital admissions.

The resource impact team ensures that costs and savings relate to the same time period, typically 1 year. Differences may arise if costs are incurred earlier on that will result in savings in the future. It is not acceptable to combine costs and savings to produce a ‘net’ cost saving if time periods do not match.
Costs are not discounted over time in resource impact tools.

Resource impact tools do not form guidance to the NHS, but aim to support implementation of NICE guidelines.

4.3 Process overview

From the beginning of guideline development the resource impact team works with the guideline committee to identify recommendations that may add substantial cost.

The team:

- provides information early in the guideline development process to help assess the likely resource impact of the guideline
- provides information on costs for all recommendations that are anticipated to substantially increase costs
- asks stakeholders during guideline consultation to comment on the recommendations identified as likely to substantially increase costs.

The resource impact team begins its work alongside the preparation of the health economic plan and attends committee meetings at which the plan is discussed. For each guideline the resource impact work is adapted to reflect the needs of the individual committee.

The team also has early contact with guideline developers to agree the resource impact approach and agree which committee meetings to attend.

This may involve discussion with the health economist(s), guideline commissioning manager, technical lead or programme manager at NICE and attending a scoping meeting or the first committee meeting.

The team does the following:

- attends committee meeting 2, or a later meeting, to observe the committee's discussion of the health economic plan.
where possible, advises the Committee on areas where resource impact is likely to be substantial, supporting the prioritisation of review questions for economic modelling.

- assesses whether the guideline is likely to have a substantial resource impact by analysing the health economic plan and talking to the committee.
- if there are areas of substantial resource impact: carries out further analysis after committee meeting 2 (or subsequent meeting) and, where possible, makes a presentation to the committee alongside the health economics work. The resource impact work could be in the same areas as the health economic focus or different ones.
- if there is unlikely to be a substantial resource impact: revisits the resource impact around the time of consultation on the draft guideline – this is usually committee meeting 11 or 12 for clinical and social care guidelines and committee meeting 6 for public health guidelines.

**Full and partial updates of guidelines**

These follow a similar process to new guidelines. For partial updates of guidelines the resource impact assessment will only examine the aspects of the guideline that have been updated.

**Standing committee updates**

- The resource impact analyst talks to the health economist in the clinical guidelines update team between the topic expert teleconference and the first committee meeting to assess the likelihood of the guideline update leading to substantial resource impact.
- The resource impact analyst attends the first committee meeting for all topics for which the resource impact is thought likely to be substantial, and then further meetings as needed.

**4.4  Timeframe**

Resource impact products are published at the same time as the guideline.
The resource impact report and template cover 5 financial years after the guideline is published. The report indicates the timeframe in which full implementation is assumed to have been achieved.

4.5 Sensitivity analyses

Several assumptions are made in estimating resource impact. These are subject to uncertainty, particularly predictions about future practice after the recommendations are implemented.

Reasonable minimum and maximum values of variables are recorded when gathering evidence. These inform sensitivity analysis that highlights which variables the resource impact estimation is most sensitive to.

Results are presented in tables and a short explanation included to describe the variables that have most effect on the total resource impact.

5 Resource impact products

This chapter describes resource impact products.

The key outputs of the resource impact team are:

- the resource planner
- resource impact reports and templates
- resource impact statements.

5.1 Resource planner

Each month the resource impact team publishes the NICE resource planner on the NICE website. It is also sent to chief financial officers and other people who request it. The resource planner contains information on guidelines published in the previous financial year and those publishing in the current and next financial years.

The aim of the resource planner is to help organisations plan and implement NICE guidelines by:
• summarising the resource implications of published guidelines
• listing forthcoming guidelines, with indicative resource impact for England profiled over the next 5 years based on the draft guideline.

5.2 Resource impact report

A resource impact report is a Microsoft Word document that sets out the estimated resource impact of implementing the guideline recommendations when the resource impact is expected to be substantial. The report provides national estimates if possible and explains the assumptions made for estimating the resource impact.

When costs and savings cannot be estimated

For some guidelines, costs and savings may be substantial but cannot be estimated with a reasonable degree of certainty. This can be because of local variation in services, lack of baseline data or other reasons that mean it is more appropriate to estimate costs locally. This is decided in consultation with the committee. If this happens, a shorter resource impact report is produced, and is supported by a local resource impact template (see below). The aim of this is to highlight the areas of costs and savings to consider at a local level.

5.3 Resource impact template

A resource impact template is an Excel spreadsheet that enables users to estimate the local cost of implementing a guideline using NICE assumptions or by inputting their own assumptions.

A national resource impact template is based on the population of England. However, local commissioners such as clinical commissioning groups can amend the template to their local population to estimate local resource impact. The template can also be amended to estimate the resource impact for the population of Wales and Northern Ireland.

Resource impact templates are produced if it is possible to quantify the resource impact and it is considered to be substantial. For guidelines for
which costs cannot be quantified, but are still considered to be substantial, a resource impact template is prepared but with the major cost drivers identified for completion by users for their own local settings.

5.4 **Resource impact statement**

A resource impact statement is a short web-based statement that is issued when the costs and savings of a guideline are not considered to be substantial.

6 **Quality assurance and publication**

This chapter explains the process of quality assurance and publication of resource impact products.

Resource impact products are all subject to a quality assurance process before consultation and publication.

6.1 **Resource planner**

The resource planner is published once a month. Before submission for publication senior business analysts review the work of business analysts within their team. Once this process is complete the resource impact assessment manager reviews the resource planner and submits it to the associate director for resource impact.

The accuracy of the planner is checked for consistency with the NICE website, and the resource impact forecasts are checked to ensure that the conclusions are supported by the evidence.

The associate director for resource impact then approves it for publication on the NICE website.
6.2 **Resource impact reports and templates**

Senior business analysts provide advice to business analysts on the production of resource impact reports and templates. This is before a formal internal review.

Senior business analysts are responsible for ensuring products are of robust quality for formal internal review by checking patient pathways, reasonableness of assumptions made, sources of evidence and costing data used.

**Internal review**

The internal review takes place before resource impact data are shared with external stakeholders. The process for internal review is described below:

- meetings are planned at least 2 months in advance to allow full attendance
- papers are distributed 5 working days before the meeting
- the following people are invited:
  - the associate director for resource impact or resource impact assessment manager
  - the business analyst and senior business analyst responsible for the guideline
  - for clinical guidelines: the guideline commissioning manager, developer and internal health economist(s), NICE health economic lead and, if appropriate, the NICE technical analyst
  - for public health and social care guidelines: the associate director, technical adviser, senior technical analyst, health and social care economist and, if appropriate, the developer’s health economist.

The internal review is an opportunity for the business analyst to check the assumptions used in the resource impact report and template. This includes receiving comments from members of the guideline development team, economic advisers, colleagues and peers within NICE to make sure all relevant and significant factors have been included in the products.
Consultation and sign-off

External consultation with stakeholders can be held either as part of guideline consultation or as a separate consultation led by resource impact.

When a resource impact statement (meaning there is no substantial resource impact) is being consulted on, it includes supporting evidence that makes it clear how this conclusion was reached.

Consultees include:

- committee members
- NHS England for NHS England commissioned services
- Department of Health or Department for Education (depending on who referred the guideline)
- relevant public health organisations, for example Public Health England or the Local Government Association
- other contacts who have informed the development of the products, such as health and social care economists
- a minimum of 3 representatives from the NICE adoption and impact reference panel.

The external consultation runs for a minimum of 2 weeks.

Once consultation has closed all comments are collated using a standard table and passed to the business analyst for review. The business analyst notes their response in the table alongside the comment in preparation for final sign-off.

The process for final sign-off is described below:

- meetings are planned at least 2 months in advance to allow full attendance
- papers are distributed 3 working days before the meeting
- the same people are invited as to the internal review
- all points raised at consultation are documented and actions agreed
• the meeting concludes with the associate director for resource impact or the resource impact assessment manager signing off the products to proceed to Publication Executive
• the associate director for resource impact or the resource impact assessment manager advises whether any key issues need to be shared with the Medicines and Technologies Programme director before submission to Publication Executive.

6.3 Editing

The resource planner is not edited by NICE editors.

Resource impact templates, reports and statements are not routinely edited by NICE editors.

However, editing of resource impact tools may take place upon request by the resource impact team where the team think it is required. Ideally this takes place after final sign-off. To ensure the products publish alongside the guideline, editing can take place while they are being consulted on.

Where tools are edited, the editor checks for consistency between the resource impact report and the guideline, and ensures that the products are in the correct format, easy to understand and navigate, and in line with NICE style.

6.4 Approval for publication

The resource planner is approved for publication by the associate director for resource impact.

The resource impact reports, templates and statements are approved for publication by the NICE Publication Executive, which meets every week. Products are approved for publication once any queries have been answered.
7 Making post-publication amendments

This chapter explains the process for updating resource impact reports and templates after they have been published.

7.1 Reviewing the resource impact report and template

For each guideline a ‘light touch’ review of the resource impact report and template takes place annually. The outcome of the review is 1 of the following:

- the report and template remain fit for purpose
- the report and template need updating
- the report and template are no longer needed and are retired.

A guideline update is also a trigger to consider whether the resource impact report or template for that topic remains fit for purpose. If needed, a new resource impact product is produced in line with the new recommendations.

Publication Executive approval is needed before changes can be made to resource impact products on the NICE website.

7.2 Circumstances in which amendments are needed

Resource impact is based on assumptions about current practice and predictions of future practice that are made at the time the guideline is published. Sometimes issues emerge that were not identified before publication. This can happen particularly during post-publication engagement with stakeholders who are validating other implementation products.

There are 2 ways of addressing this:

- revise the original products or
- issue a supplementary commentary.

Revising the resource impact or issuing a supplementary commentary is considered in the following circumstances:
- a significant flaw is identified in 1 or more assumptions relating to current or predicted practice that is considered to be greater than local variation
- the basis of the resource impact assessment is inconsistent with current practice or there has been an inaccurate use of costs
- feedback suggests that a recommendation will lead to nationally substantial costs or savings that were not identified in initial work.

The criteria against which a decision is made about whether to update resource impact products are given below:

- revising the assumptions in the template affects the total resource impact by more than 10%
- revising the unit costs in the template affects the net total resource impact by more than 10%
- estimated costs or savings arising from a new recommendation is considered to lead to a total resource impact change of £1 million or more per year for England
- revising the resource impact assessment template will correct obvious inaccuracies that, if left, will undermine user confidence in the template, even if the impact on the total net cost does not meet the thresholds above.

The template is not updated in the following circumstances:

- there are differences in baseline and predictions arising from natural variation in local circumstances
- unit costs that have been used for drugs and activity were correct at the time of publication but have since changed. Templates are not routinely updated for annual updates to activity costs, such as tariff changes.