NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**NICE INDICATOR PROGRAMME**

**Resource impact statement: NM205**

**Date:** September 2020

# Indicator

NM205. The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.

# Resource impact

It is estimated that 269 million appointments in general practice were attended in England between 01 January 2019 and 31 December 2019 ([NHS Digital, 2020](https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/december-2019#resources)), equivalent to around 920 per week for a GP practice assuming a list size of 10,000 people. There are around 56.0 million people in England [(Office for National Statistics, 2018](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigrathttps%3A/www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/clinicalcommissioninggroupmidyearpopulationestimates)). The latest data available ([Office for National Statistics, 2017](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/cancerregistrationstatisticsengland/2017)) indicate that the around 306,000 people in England were diagnosed with cancer in 2017. This is equivalent to around 55 people per 10,000 people.

Assuming that all people with a diagnosis of cancer are contacted by a GP practice, it is assumed that 75% may accept an invitation for a patient Cancer Care Review. Up to around 40 appointments per year would be made per GP practice, around 2,050 in a Sustainability and Transformation Partnership (STP) area, as shown in table 1.

**Table 1 Estimated annual resource impact of Cancer Care Reviews for 75% of the eligible population.**



This assumes a GP practice is 10,000 people and an STP is 500,000 people. The estimates assume that people are contacted within the first 12 months of receiving a new diagnosis of cancer. The numbers shown in the table above are the maximum number of consultations expected per year. If discussions take place during existing consultations or cancer reviews already take place, it is not anticipated that there will be a significant impact. If any additional consultations are required or there is a change to the standard slot time, this may lead to a small resource impact.