NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE GENERAL PRACTICE INDICATOR DEVELOPMENT PROGRAMME

Resource impact statement: NM150

Date: August 2017

Indicators

NM150: The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c test in the preceding 12 months.

Introduction

Early identification of people with non-diabetic hyperglycaemia who have progressed to type 2 diabetes allows treatment to be started promptly and before complications have developed. NICE therefore recommends annual HbA1c testing for people with non-diabetic hyperglycaemia.

This statement covers a new indicator that is part of the NICE menu of indicators for general practice, following the recommendations of the NICE indicator advisory committee in June 2017.

This statement considers the likely resource impact of the proposed indicator in terms of the number of additional blood tests carried out.

Resource impact

There are around 54.8 million people England, of which 44.4 million are aged 16 and over (Office for National Statistics, 2015). The prevalence of non-diabetic hyperglycaemia in people aged 16 and over is 11.4% (Public Health England, 2015), equivalent to around 5.1 million people in England.

Assuming that achieving the indicator will need 5 minutes of practice nurse time to take blood samples for testing (PSSRU, 2016) and a blood test to be

carried out (Reference costs 2015-16 Department of Health, 2016), the total unit cost per person is £6.

Table 1 shows estimated cost at achievement levels of 40% to 80%, assuming that current practice is around 26.1% (Pilot data, University of Birmingham and York Health Economics Consortium). These estimates assume all people with non-diabetic hyperglycaemia have been identified and may therefore overstate the actual cost of achievement.

Table 1 Estimated annual cost of implementing indicator NM150

	Proportion	Population	Unit cost (£)	Total (£)
England population		54,786,327		
Population aged 16 years and over		44,381,213		
Prevalence of non-diabetic hyperglycaemia in people aged 16 and over	11%	5,059,659		
Current practice Proportion that have had an HbA1c test in preceding 12 months	26%	1,320,350	6.00	7,922,100
Total cost of current practice				**7,922,100**
Future practice at 40% Achievement of indicator	40%	2,023,864	6.00	12,143,200
Total cost of future practice				**12,143,200**
Resource impact at 40% (cost of future practice *less* cost of current practice)				**4,221,100**
Future practice at 80% Achievement of indicator	80%	4,047,727	6.00	24,286,400
Total cost of future practice				**24,286,400**
Resource impact at 80% (cost of future practice *less* cost of current practice)				**16,364,300**

The annual resource impact of implementing indicator NM150 is estimated to be approximately £4.2 million at 40% achievement and approximately £16.4 million at 80% achievement. This does not include any savings which may be made as a result of earlier identification and management of people who have developed type 2 diabetes.