

Putting NICE guidance into practice

**Resource impact report:  
Heavy menstrual bleeding (update) (CG44)**

Published: August 2016

## Summary

This report looks at the resource impact of implementing NICE's updated guideline on [heavy menstrual bleeding](#) in England.

This report focuses on the new recommendations that we consider to have the greatest resource impact nationally, and therefore need the most additional resources to implement or that can potentially generate the biggest savings. They are:

- Offer ulipristal acetate to women with heavy menstrual bleeding, fibroids of 3 cm or more and a haemoglobin level of 102g per litre or below.
- Consider ulipristal acetate to women with heavy menstrual bleeding, fibroids of 3 cm or more and a haemoglobin level of above 102g per litre.

The estimated annual cost of implementing the new recommendations in this guideline for the population of England based on the resource impact assumptions is shown in table 1.

**Table 1 Estimated annual cost of implementing the recommendations**

	2016/17 (£000s)	2017/18 (£000s)	2018/19 (£000s)	2019/20 (£000s)	2020/21 (£000s)
Cost impact each year for treatment with ulipristal acetate	1,104	2,104	2,104	2,104	2,104

It is estimated that implementing the recommendations in this update of the guideline will cost around £2.1 million in England per year because of the following additional costs:

- new treatment with ulipristal acetate
- additional consultant follow-up appointment
- an additional ultrasound scan.

Implementing NICE's guideline is anticipated to lead to benefits because ulipristal acetate may improve women's quality of life by improving symptoms of heavy menstrual bleeding.

The resource impact template for this guideline helps organisations in England, Wales and Northern Ireland to change variables and estimate the impact locally. A sample calculation using this template showed that additional costs of £3,700 are possible for a population of 100,000.

Heavy menstrual bleeding services are commissioned by clinical commissioning groups. Providers are NHS hospital trusts and primary care.

# **1 Introduction**

- 1.1 The guideline offers best practice advice on heavy menstrual bleeding.
- 1.2 This report discusses the resource impact of implementing the standing committee update to our guideline on heavy menstrual bleeding: assessment and management in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 A resource impact template accompanies this report to help with assessing the resource impact at a local level in England, Wales or Northern Ireland.
- 1.4 We have considered direct costs and savings to the NHS and not those for the individual, the private sector or the not-for-profit sector.
- 1.5 Heavy menstrual bleeding services are commissioned by clinical commissioning groups. Providers are NHS hospital trusts and primary care.

# **2 Background**

- 2.1 Heavy menstrual bleeding is defined as excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life. It can occur alone or in combination with other symptoms.

# **3 Significant resource impact recommendations**

- 3.1 Offer ulipristal acetate 5 mg (up to 4 courses) to women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter, and a haemoglobin level of 102 g per litre or below. (Recommendation 2, new 2016)

- 3.2 Consider ulipristal acetate 5 mg (up to 4 courses) for women with heavy menstrual bleeding and fibroids of 3 cm or more in diameter, and a haemoglobin level above 102 g per litre. (Recommendation 3, new 2016)

### **Background**

- 3.2.1 Ulipristal acetate is a pharmaceutical treatment option licenced for women with heavy menstrual bleeding and fibroids less than 3 cm in diameter or fibroids of 3 cm or more in diameter. Currently there are no pharmaceutical treatments recommended by NICE for women with fibroids of 3 cm or more. There are current treatment options such as tranexamic acid and levonorgestrel intrauterine system for women with fibroids of less than 3 cm.

### **Assumptions made**

- 3.2.2 The population relevant to this guideline is women aged 18–55 years old. It has been assumed that 3.19% of these women will present to general practice and be diagnosed with heavy menstrual bleeding.
- 3.2.3 Ulipristal acetate is licenced for 4 cycles, but expert opinion suggests that women would normally have 2 or 3 courses of treatment with ulipristal acetate. We have assumed that women will have 3 courses of treatment.
- 3.2.4 Each course is assumed to be 3 months of treatment, by daily tablet, usually followed by 2 months without drug treatment.
- 3.2.5 It is assumed that the women being treated with ulipristal acetate will have an additional consultant follow-up appointment and an ultrasound scan. These assumptions can be adjusted in the resource impact template, based on local practice.
- 3.2.6 It is assumed that the guideline will be implemented part way through 2016/17.

## Costs

- 3.2.7 The net cost of treatment with ulipristal acetate for women with heavy menstrual bleeding and fibroids of 3 cm or more is summarised in table 2.

**Table 2 Estimated annual resource impact of treatment with ulipristal acetate in England**

<b>Costs</b>	<b>Current practice (£000s)</b>	<b>2016/17 (£000s)</b>	<b>2017/18 (£000s)</b>	<b>2018/19 (£000s)</b>	<b>2019/20 (£000s)</b>	<b>2020/21 (£000s)</b>
Annual cost of treatment with ulipristal acetate	528	1,349	2,111	2,111	2,111	2,111
VAT	105	269	423	423	423	423
Annual cost of additional consultant appointment and ultrasound	68	187	271	271	271	271
Total cost	701	1,805	2,805	2,805	2,805	2,805
<b>Incremental cost/-saving</b>	<b>-</b>	<b>1,104</b>	<b>2,104</b>	<b>2,104</b>	<b>2,104</b>	<b>2,104</b>
<b>Number of women</b>	<b>Current practice</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Number of women who receive ulipristal acetate	514	2,055	2,055	2,055	2,055	2,055

- 3.3 Costs include 3 courses of treatment with ulipristal acetate, an additional consultant follow-up appointment and an additional ultrasound appointment. It is anticipated that the need for additional appointments and ultrasound may reduce over time. All costs can be adjusted in the resource impact template.

## Benefits and savings

- 3.4 Ulipristal acetate can improve quality of life for women with heavy menstrual bleeding and fibroids of 3 cm or more.
- 3.5 Expert opinion indicates that there may be a reduction in the need for surgery as a result of the implementation of this guideline. This

cannot be quantified and has not been included in the economic analysis.

## **4 Other Considerations**

- 4.1 The resource impact of this guideline may reduce if familiarity with the drug becomes routine in primary care and fewer outpatient appointments in secondary care are required.

## **5 Sensitivity analysis**

- 5.1 There are a number of assumptions in the model for which no empirical evidence exists; these are therefore subject to a degree of uncertainty. Appropriate minimum and maximum values of variables were used in the sensitivity analysis to assess which variables have the biggest impact on the net cost or saving. This enables users to identify the significant cost drivers.
- 5.2 Appendix A contains a table detailing all variables modified, and the key conclusions drawn are discussed below.
- 5.3 The resource impact is most sensitive to the uptake of ulipristal acetate by eligible women.
- 5.4 The resource impact is less sensitive to the number of courses of ulipristal acetate treatment.

## **6 Implications for commissioners**

- 6.1 Heavy menstrual bleeding falls within the programme budgeting category 17A.
- 6.2 Commissioners may have an increase in drug costs, outpatient appointments and ultrasound referrals.

## Appendix A. Results of sensitivity analysis

Individual variable sensitivity				Recurrent resource impact			Change (£000s)	Sensitivity ratio
	Baseline value	Minimum value	Maximum value	Baseline resource impact (£000s)	Minimum resource impact (£000s)	Maximum resource impact (£000s)		
Women eligible for treatment with ulipristal acetate	2.18%	1.18%	3.18%	2,104	1,137	3,063	1,926	0.75
Future uptake of ulipristal acetate in women with heavy menstrual bleeding	33.33%	23.33%	43.33%	2,104	1,262	2,945	1,683	1.00
Cycles of treatment with ulipristal acetate	3	2	4	2,104	1,470	2,737	1,267	0.68

## About this resource impact report

This resource impact report accompanies the updated NICE guideline on [heavy menstrual bleeding](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

### This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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