

# Costing Report to support NICE Clinical Guideline on Suspected Cancer

## 1. Background

This report is to be considered alongside the consultation draft of the guideline in order to seek wider views on the potential cost of implementing the Clinical Guideline on Suspected Cancer.

Current referrals for suspected cancer are estimated at 1.2million in England. At the outset of this work it was anticipated the changes in the guideline could potentially increase referrals up to 2 million.

It has been difficult to achieve a consensus on the implications and cost of implementing these draft recommendations in practice, therefore wider views are sought.

Due to the difficulty in predicting the change in referral patterns, an estimate has been made in this paper based on limited clinical input. Therefore, these numbers should be viewed as illustrative.

In order to estimate the financial impact this guideline may have, comments are sought on either the anticipated change in referral rates and use of diagnostic tests at a local level, or agreement that it is not possible to estimate these changes with any degree of certainty.

## 2. Assumptions

The number of current referrals is taken from the NHS England report “Waiting times for suspected & diagnosed cancer patients “2012/13 annual report”<sup>1</sup>. The referrals have been apportioned across the different tumour groups on the basis of the split of referrals for Quarter 4, 2012/13.

The costing includes an out-patient referral and the appropriate diagnostic test.

The cost of an urgent referral for suspected cancer and the diagnostic test is taken from the 2014/15 national tariff for the relevant speciality and where there are no national tariffs, reference costs or our latest available cost data has been used.

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<sup>1</sup> Available from <http://www.england.nhs.uk/statistics/2013/07/19/cancer-waiting-times-annual-report-2012-13/> - section 3.1, page 9 – “1,220,177 patients seen by a specialist following an Urgent GP Referral.”

### 3. Approach

Discussions with the GDG and within the finance and economic groups, focused on estimating the impact of implementing the guideline in terms of:-

- the change in numbers of referrals for suspected cancer and
- the change in the use of associated diagnostic tests.

Due to the considerable uncertainty around future practice for those tumour sites where a change is anticipated, an estimated range has been used.

### 4. Forecast resource impact

Approximately 96% of referrals are for eight tumour sites; Breast, Lower Gastrointestinal (GI), Upper Gastrointestinal (GI), Urology, Skin, Head and Neck, Gynaecology and Lung.

Following initial work it is anticipated that referrals for several tumour sites will remain **unchanged**. These tumour groups are:-

- Breast
- Skin
- Head and Neck
- Acute Leukaemia
- Gynaecology Brain/CNS
- Haematological (excluding leukaemia)
- Sarcoma
- Other

It is anticipated that referrals in the following tumour groups will **increase** by

- Lower GI 5-15%
- Urology 5-10%
- Lung 10-15%
- Childrens 10-20%

It is anticipated that referrals in the following tumour groups will **decrease** by

- testicular –10-20% (more ultrasound in primary care)

- Upper GI-40-80% (increase in direct access endoscopy in primary care)

An initial discussion of this paper highlighted the issue that the model does not address the referral costs of patients with generic symptoms which cannot be attributed to a specific site. It is anticipated that the number of these cases will rise following the guideline publication. It is recommended that an estimate should be made under a separate category of "possible cancer, site unspecified".

## **5. Cost impact**

Based on the data above, the estimated cost of implementing the draft recommendations for the NICE Clinical Guideline on Suspected Cancer is in the range of £18m to £36m as detailed in Appendix 1.

This is based on the change in referral pattern set out in appendix 1 and the associated diagnostic tests.

## **6. Benefits and savings**

Once a reasonable estimate of the impact of the change in referrals has been agreed, savings and benefits would be realised from:

- Early diagnosis of cancer
- Avoidance of emergency admissions

## **7. Questions for consultation**

**Are the above changes in referral patterns reasonable based on the draft recommendations in the guideline? If you have an estimate of the anticipated change in referral pattern in your area please complete appendix 2**

**Or**

**Is it not possible to estimate the change in referral patterns with a reasonable degree of certainty?**

**Is the impact on diagnostics reasonable?**

**Are there any more savings and benefits to be highlighted?**

## Appendix 1

### Estimated cost of implementing the draft recommendations for referral for suspected Cancer

Tumour site	Current referrals	% increase anticipated		Increase/ (decrease) in referrals	Increase/ (decrease) in referrals	Proportion requiring Diagnostics Tests	Increase/(decrease) in costs		Diagnostics £'000s	Diagnostics £'000s	Total £000s	Total £000s
		Low	Upper				Low	Upper				
Breast	228,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Lower GI	192,000	5%	15%	9,600	28,800	85%	£1,132,800	£3,398,400	£2,513,280	£7,539,840	£3,646,080	£10,938,240
Skin	192,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Urology	144,000	5%	10%	7,200	14,400	90%	£914,400	£1,828,800	£2,196,720	£4,393,440	£3,111,120	£6,222,240
Upper GI	132,000	-40%	-80%	-52,800	-105,600	0%	-£6,230,400	-£12,460,800	£0	£0	-£6,230,400	-£12,460,800
Head and Neck	108,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Gynaecology	108,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Lung	48,000	10%	15%	4,800	7,200	75%	£1,089,600	£1,634,400	£4,914,000	£7,371,000	£6,003,600	£9,005,400
Acute Leukaemia	2,400	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Brain/CNS	7,200	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Children's	6,000	10%	20%	600	1,200	75%	£156,000	£312,000	£47,250	£94,500	£203,250	£406,500
Haematological (excluding acute leukaemia)	12,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Sarcoma	6,000	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Testicular	12,000	-10%	-20%	-1,200	-2,400	75%	-£152,400	-£304,800	£0	£0	-£152,400	-£304,800
Other	2,400	0%	0%	0	0	75%	£0	£0	£0	£0	£0	£0
Possible cancer site unspecified		2.5%	5%	30,000	60,000	75%	4,500,000	£9,000,000	£6,750,000	£13,500,000	£11,250,000	£22,500,000
<b>Total</b>	<b>1,200,000</b>	<b>-</b>		<b>-1,800</b>	<b>3,600</b>		<b>£1,410,000</b>	<b>£3,408,000</b>	<b>£16,421,250</b>	<b>£32,898,780</b>	<b>£17,831,250</b>	<b>£36,306,780</b>

## Local estimate of change in referral patterns

## Appendix 2

Tumour site	Current referrals	% increase/ (decrease) anticipated		Proportion requiring Diagnostics Tests	Comment
		Low	Upper		
Breast	228,000				
Lower GI	192,000				
Skin	192,000				
Urology	144,000				
Upper GI	132,000				
Head and Neck	108,000				
Gynaecology	108,000				
Lung	48,000				
Acute Leukaemia	2,400				
Brain/CNS	7,200				
Children's	6,000				
Haematological	12,000				
Sarcoma	6,000				
Testicular	12,000				
Other	2,400				
Possible cancer, site unspecified					
<b>Total</b>	<b>1,200,000</b>				