Resource impact statement

Resource impact
Published: 31 March 2021

www.nice.org.uk

No significant resource impact is anticipated

Danis stent should be considered for people aged 16 and over with acute oesophageal variceal bleeding that does not respond to endoluminal therapy and whose oesophageal varices are being considered for definitive treatment. Also, Danis stent should be considered for people when definitive treatment such as transjugular intrahepatic portosystemic shunt (TIPS) procedure or band ligation is not appropriate and who are likely to be offered palliative care. Danis stent is an alternative to balloon tamponade in refractory oesophageal variceal bleeding.

The eligible population for Danis stent is around 240 people per year in England. The overall resource impact of implementing the guidance is not expected to be significant at a national level.

We expect this guidance to be initially cost incurring because Danis stent has a higher cost than balloon tamponade. Using Danis stent also requires an additional extractor cost for some people. However, these initial cash costs may be offset by the capacity benefits expected to arise from a shorter length of stay in the intensive care unit (ICU) because Danis stent is better at controlling bleeding in the short term and can stay in place for longer (7 days compared with 24 hours for a balloon tamponade). There are also fewer procedures associated with Danis stent because all patients who have balloon tamponade will undergo a second procedure and 50% of these people will require a second balloon tamponade device to be fitted.

The financial impact for providers and commissioners resulting from any capacity benefit will be determined by the contract in place, but the capacity benefit may assist in managing demand on ICU beds. The estimated length of ICU stay associated with Danis stent is 3.6 days and is 6 days for balloon tamponade.

The technology is commissioned by clinical commissioning groups. Providers are NHS hospital trusts.