Resource impact summary report

Resource impact
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The guidance covers the digital technologies outlined below for use in the NHS, while more evidence is generated.

When technologies prescribe and monitor weight-management medicine

Seven digital technologies can be used to prescribe and monitor weight-management medicine and deliver multidisciplinary weight-management services for managing overweight and obesity in adults. The technologies are:

- CheqUp
- Gro Health W8Buddy
- Juniper
- Liva
- Oviva
- Roczen
- Second Nature

When technologies are not used to prescribe and monitor weight-management medicine

Nine digital weight-management technologies can be used to deliver multidisciplinary weight-management services for managing overweight and obesity in adults, when they are not used to prescribe and monitor weight-management medicine.   The technologies are:

- CheqUp
- Counterweight
- Gro Health W8Buddy
- Juniper
- Liva
- Oviva
- Roczen
- Second Nature
- Weight Loss Clinic

As the guidance is an early value assessment, the resource impact tools are not directing organisations to assess the cost of full rollout of these technologies. If there is an unmet need, these technologies could be a solution. Organisations may therefore wish to identify the potential resource impact.

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level. A local resource impact template has therefore been produced to assist organisations in estimating the resource impact. Organisations can use this template to understand the resources involved in expanding specialist/multidisciplinary weight management services by introducing or increasing the use of the digital technologies. This template shows the resource impact in the initial year only.

The template has sheets for users to denote the resources and costs associated with offering standard care and care which has involved the support of a digital technology. A summary of each worksheet is below:

Assumptions Input – On this worksheet, users can show how many people are supported with digital technologies in current practice and determine the population(s) they would like to support using the digital technologies in future practice.

Standard care –This worksheet enables users to input the resources needed in standard care. These costs will show on the Resource Impact Template to demonstrate the estimated difference in costs if weight management services were to be expanded by using standard care alone, without the support of digital technologies. Costs related to salaries are derived from the payscales worksheet and can be amended here at a local level. The payscales worksheet uses agenda for change payscales and includes employer on costs. Users can change the hours used to calculate the rate per hour.

Apps with medical management – This worksheet enables users to model the costs and resources associated with technologies used to prescribe and monitor weight-management medicine.   Users will need to denote the portions using each technology in both current and future practice and, if they wish, part year costs and assumptions can be input for the proportion of people who will cease using the technology within the first year. When part year costs are assumed owing to people ceasing to use the technology, the drug costs will also proportionately reduce for the same population.   As providers of specialist weight management services may wish to retain some elements of standard care to compliment the technology usage, there is scope in the worksheet for users to denote this if required. It will be assumed that everyone will have the elements of face-to-face care and number of group sessions outlined, although users can proportion costs for those who cease using the technology within the first year. Costs related to salaries are derived from the payscales worksheet and can be amended here at a local level.

Apps without medical management – This worksheet enables users to model the costs and resources associated with technologies that are not used to prescribe and monitor weight-management medicine.   Users will need to denote the portions using each technology in both current and future practice and, if they wish, part year costs and assumptions can be input for the portion of people who will cease using the technology within the first year. When part year costs are assumed owing to people ceasing to use the technology, the drug costs will also proportionately reduce for the same population. As providers of specialist weight management services may wish to retain some elements of standard care to compliment the technology usage, there is scope in the worksheet for users to denote this if required. It will be assumed that everyone will have the elements of face-to-face care and number of group sessions outlined, although users can proportion costs for those who cease using the technology within the first year. Costs related to salaries are derived from the payscales worksheet and can be amended here at a local level.

Resource impact template - The information is pulled together on the resource impact sheet, which summarises the overall impact of resources. At the bottom of this sheet is additional information to show how these costs would differ if the same level of people were to be supported via the expansion of standard care alone.

Capacity impact in hours – The information shown on this worksheet summarises the human resources needed to support the number of people using digital technologies where it has been indicated in earlier worksheets that some elements of standard (face to face) care will be retained alongside the digital technology offering. As a comparator, there is also a summary of the human resources needed if standard care were to expand to support the same number of people.

Depending on current local practice, areas which may require additional resources and result in additional costs include:

- software costs of the technologies.
- resources needed to procure the technologies and manage associated contracts.
- time required for training NHS staff, so they are conversant with the product offering.
- any costs associated with a lack of interoperability of the digital technology with electronic patient record systems.
- other costs such as IT equipment may be needed for those who do not have access to internet, smartphones, tablets, or a computer.

Implementing the guidance may:

- improve access to multidisciplinary weight-management services by offering greater flexibility, more choice and self-management through remote online interventions.
- benefit people who do not have access to multidisciplinary weight-management services in their area, or who are on a waiting list and are not currently supported by a multidisciplinary weight-management programme.
- provide better health outcomes and care experience.
- reduce the requirement for face-to-face support.

Given that a potential benefit of these technologies is that they may improve access to weight-management services, it should be acknowledged that overall costs may increase as a direct result of the service expansion.

With the seven recommended technologies that can be used to prescribe and monitor weight-management medicine and deliver multidisciplinary weight-management services, it may be determined locally to retain some elements of face-to-face care.

With the nine recommended technologies that deliver multidisciplinary weight-management services but not used to prescribe or monitor weight-management medicine, resources will be needed to support the monitoring of people who are being prescribed weight-management medicine. It may also be determined locally to retain some other elements of face-to-face care.

The expansion of the service through the implementation of these technologies may require additional resources to support the face-to-face interventions that are retained. Where the technology costs do not include the costs of prescribing the weight-management medicine, provision for the increase in these costs will also need to be made.

Investment in this technology would be by organisations funding weight-management services. Multidisciplinary services such as specialist weight-management services are commissioned by Integrated Care Boards.