



Resource impact summary report

Resource impact

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The guidance covers 5 digital technologies that can be used while more evidence is generated to support treatment for non-specific low back pain in people aged 16 years and over. The technologies are:

- getUBetter
- Hinge Health
- Kaia
- Pathway through Pain
- SelfBack.

These technologies can be used once they have appropriate regulatory approval and meet the standards within NHS England's Digital Technology Assessment Criteria.

Because 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.

Because of variation of current practice 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.

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

- software costs of the technologies
- time needed 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:

- provide rapid access to specialist advice and guidance with greater flexibility
- provide better health outcomes and care experience
- reduce waiting lists, referrals for physiotherapy, and the number of physiotherapy appointments and GP visits, medication use and the need for surgery.

Technologies eligible for self-referral will be those with integrated assessment and risk stratification. This is to ensure that red flags which may indicate a serious underlying cause are identified.

The recommended technologies may have different pricing structures with either a charge per user or a charge per set number of licenses likely to be applied. Investment in the technology would be by integrated care systems. Digital technologies for lower back pain are expected to be issued within primary care.