



# Resource impact summary report

Resource impact

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# Resource impact summary report

## Recommendations

Overcoming Bulimia Online (OBO) can be used in the NHS during the evidence generation period as an option to treat the following conditions in adults:

- binge eating disorder
- bulimia nervosa
- other specified feeding or eating disorder (OSFED) with similar features to binge eating disorder or bulimia nervosa
- disordered eating with similar features to binge eating disorder or bulimia.

It can only be used if the evidence outlined in the [evidence generation plan for OBO](#) is being generated and as long as they have appropriate regulatory approval including NHS England's Digital Technology Assessment Criteria (DTAC) approval.

For the other recommendations see [sections 1.2 to 1.5 of NICE's guidance on digital self-help for eating disorders](#).

## Resource impact (cash and capacity items)

Because OBO is intended to be used alongside usual waiting list care, such as regular check-ins and routine physical monitoring, the licensing costs will be an additional cost. The cost will vary depending on the number of licences procured, with bulk purchases offering significant savings (see table 1).

**Table 1 Licence cost per person**

Number of licences (min to max)	Unit cost per person
2 to 5	£19.34
6 to10	£13.44
11 to 25	£10.75

Number of licences (min to max)	Unit cost per person
26 to 50	£9.14
51 to 99	£7.79
100 to 499	£6.72
500 or more	£5.91

The cost-effectiveness analysis compared OBO only with usual care for adults with bulimia nervosa and showed a potential saving per person of £5.52 (in a primary care setting) and £39.86 (in specialist eating disorder services). Costs savings were mainly from healthcare contacts avoided because of a higher probability of remission with OBO than with usual care while waiting.

Because OBO is recommended for use while people wait for treatment, it may help to reduce potential downstream healthcare costs. Based on the external assessment group (EAG) report, potential downstream healthcare costs that could be reduced include:

- GP or nurse visits
- blood tests
- emergency department attendance and hospitalisations
- referrals to specialist eating disorder services for assessment or treatment.

Because of the lack of evidence regarding the resource and care pathway impact, the EAG report highlighted that the size of cost savings that might be achieved is subject to substantial uncertainty.

The data generated based on the [evidence generation plan for OBO](#) will inform a further review by NICE in the future.

## Eligible population

[Beat Eating disorders - Prevalence in the UK](#) estimated the prevalence of eating disorders to be at least 1.25 million people (all ages) in the UK (1.05 million in England). Table 2 shows the number of these with different eating disorders using estimates. The figures do not distinguish between adults and children. OBO is not indicated for people with anorexia or avoidant restrictive food intake disorder. The [Health Survey for England 2019](#) Eating

disorders data tables , indicate that based on a score of 2 or more, 15.8% (7.4 million) of people aged 16 years and over were screened positive for a possible eating disorder. For those with a score of 2 or more, with significant impact, the number is estimated at 4.2% (1.97 million) of people (see table 3).

**Table 2 People with eating disorders in England**

Description	Number	%
Number of people with eating disorders	1,050,000	-
People with bulimia nervosa	199,500	19
People with binge eating disorder	231,000	22
People with other specified feeding or eating disorder	493,500	47
Anorexia	84,000	8
Avoidant or restrictive food intake disorder	42,000	5

**Table 3 People screened positive for a possible eating disorder in England**

Population age group (years)	Total population (million)	% (score of 2 or more)	Number screened positive (million)	% (score of 2 or more with significant impact)	Number screened positive (million)
16 to 24	6.2	21%	1.28	5%	0.31
25 to 34	7.8	23%	1.80	6%	0.49
35 to 44	7.7	19%	1.48	7%	0.54
45 to 54	7.2	18%	1.27	4%	0.31
55 to 64	7.3	12%	0.87	2%	0.16
65 to 74	5.5	8%	0.45	2%	0.12
75 and over	5.3	5%	0.27	1%	0.04
Total	47.0	-	7.42	-	1.97

A score of 2 or more indicates a possible eating disorder. A score of 2 or more, with significant impact, indicates a possible eating disorder where feelings about food interfered with normal life.

# Treatment pathway

Signs of eating disorders can be noticed in many settings. Often the first healthcare contact who will do an initial assessment is a GP. After the initial assessment, people with a suspected eating disorder are usually referred to a community-based eating disorder service for further assessment or treatment.

While people wait for further assessment or treatment in specialist care, usual waiting list care may include:

- further appointments at the GP practice
- appointments with the eating disorder service
- signposting to voluntary, community and social enterprise organisations, for example, eating disorder charities
- books or online resources (including the books used in eating-disorder-focused cognitive behavioural therapy [CBT-ED]-based guided self-help)
- local groups or telephone helplines for additional support.

OBO is to be used in the NHS during the evidence generation period, after an initial eating disorder assessment in primary care or further assessment by specialist eating disorder services and alongside usual waiting list care. This would provide a greater level of intervention compared with usual waiting list care alone. Randomised controlled trials show that OBO reduces the frequency and severity of eating disorder symptoms compared with usual waiting list care.

## Key information

Table 4 Key information

Speciality area	Mental health
Disease area	Eating disorders
Programme budgeting category	PBC05X Other Mental Health Disorders e
Pathway position	Before further assessment or treatment in specialist care

Commissioner(s)	Integrated care board
Provider(s)	Primary care, Community care, and Mental health trusts

# About this resource impact summary report

This resource impact summary report accompanies the [NICE guidance on digital self-help for eating disorders: early value assessment](#) and should be read with it.

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