



Resource impact summary report

Resource impact

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Guidance recommendations

See [NICE's recommendations on digital technologies to support self-management of asthma: early-use assessment](#).

These digital technologies are not intended to replace clinical reviews, because individuals using them will continue to have routine appointments with healthcare professionals. However, they may assist people with adhering to their personalised asthma action plans and could support more effective use of their medication and inhalers.

Financial and capacity resource impact

The resource impact represents an additional cost because the technologies are intended to be used as adjuncts to current care. Costs differ across the technologies. The overall impact will depend on the specific technology used. This will be influenced by:

- local commissioning decisions regarding which technologies are used
- pricing agreements negotiated with suppliers, which may include volume-based discounts or tiered pricing structures linked to usage or purchase volumes.

Organisations should contact the companies directly to obtain full pricing details.

The costs should be assessed at a local level as part of standard planning and commissioning processes. Any associated expenditure would be additional to the costs of delivering standard care.

The clinical evidence suggests that digital technologies may improve asthma control, potentially reducing exacerbations and the resulting emergency visits and hospitalisations.

However, the committee concluded that the evidence was insufficient to determine with certainty how effective these technologies are in supporting people to self-manage asthma.

The data from the [evidence generation plan for digital technologies to support self-management of asthma](#) will inform a further review by NICE in the future.

Eligible population for the digital technologies

Table 1 includes:

- the number of people with asthma in England, based on data from the [2024 to 2025 Quality and Outcomes Framework](#)
- the number of emergency hospital admissions for asthma in England in 2023 to 2024, sourced from the [Office for Health Improvement and Disparities. 2026 public health profiles](#).

Table 1 People with asthma and emergency hospital admissions for asthma in England

Description	Age	Number
People with asthma	6 years and over	3,658,521
Emergency hospital admissions	Under 19 years	18,829
Emergency hospital admissions	19 years and over	41,367

In line with the [Office for Health Improvement and Disparities 2026 public health profiles](#), a review of local trends in asthma-related emergency hospital admissions and benchmarking performance against comparable areas may support service review and redesign. This insight can inform commissioning decisions aimed at improving asthma diagnosis, monitoring and proactive management within primary care, which would include using digital technologies.

Eligibility and uptake of the digital technologies will depend on local commissioning decisions, because the technologies differ in key aspects. These include:

- the target population (variation across age groups)
- the mode of delivery (for example, mobile applications, online platforms or solutions requiring additional hardware)
- the duration and frequency of the intervention, which may range from short-term support to ongoing use

- the level of healthcare professional involvement, which may include regular clinician feedback or teleconsultations.

Treatment options for the eligible population

Based on the [BTS, NICE and SIGN guideline on asthma](#), asthma self-management involves offering people personalised asthma action plans and education. Poor asthma control is common and can lead to emergency department visits, hospital stays and even avoidable deaths. Many people do not have structured self-management support.

Experts say people can have poor engagement with written action plans, incorrect inhaler technique and non-adherence with medications. They also point out that there is a high unmet need for effective self-management support for asthma control.

Digital health technologies may help support self-management of asthma by providing personalised, accessible tools that support key aspects of self-management, including real-time tracking of symptoms and medication use.

However, the committee did not identify sufficient evidence to determine with certainty whether any of the technologies effectively supports individuals in managing their asthma.

Key information

Table 2 Key information

Specialty	Respiratory
Disease area	Asthma
Programme budgeting category	11B Problems of the respiratory system – Asthma
Pathway position	Management
Commissioner(s)	Integrated care boards
Provider(s)	Primary care, community care and secondary care

About this resource impact summary report

This resource impact summary report accompanies the [NICE HealthTech guidance on](#)

digital technologies to support self-management of asthma and should be read with it.

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