NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Pancreatitis (NG104)

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Summary

This report focuses on the recommendations from NICE's guideline on Pancreatitis that we think will have the greatest resource impact nationally (for England), and will need the most additional resources to implement or potentially generate the biggest savings. They are:

- access to specialist dietitians and dietetic services (1.3.4 and 1.3.5)
- referral for specialist treatment (1.2.14 and 1.2.15)
- nutritional support for acute pancreatitis.

Where dietetic services are not configured to provide specialist dietetic input or assessment by a dietitian, or protocols are not established, additional investment may be needed.

This investment may be offset by the avoidance of healthcare costs (including hospital admissions) associated with malnutrition, poorly controlled diabetes and osteoporosis.

We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

Implementing NICE's guideline may result in the following benefits and savings:

- fewer acute hospital admissions for pancreatitis and shorter lengths of stay
- releasing parenteral nutrition service capacity for other specialties
- Improved patient quality of life.

Pancreatitis services are commissioned by clinical commissioning groups (CCGs). Providers are specialist NHS trusts, NHS trusts, GPs and primary care services.

1 Introduction

1.1 The guideline offers best practice advice on chronic and acute pancreatitis.

1.2 This report discusses the resource impact of implementing our guideline on Pancreatitis. It aims to help organisations plan for the financial implications of implementing this NICE guideline.

1.3 We encourage organisations to evaluate their own practices against the recommendations in the NICE guideline and assess costs and savings locally. Organisations can input estimates into the local resource impact template to reflect local practice and estimate the impact of implementing the guideline.

1.4 Pancreatitis services are commissioned by clinical commissioning groups (CCGs). Providers are specialist NHS trusts, NHS trusts, GPs and primary care services.

2 Background

2.1 Acute pancreatitis is acute inflammation of the pancreas and is a common cause of acute abdominal pain.

2.2 The incidence of acute pancreatitis in the UK is approximately 56 cases per 100,000 people per year. Around 50% of cases are caused by gallstones, 25% by alcohol and 25% by other factors.

2.3 In 25% of cases acute pancreatitis is severe and associated with complications such as respiratory or kidney failure, or the development of abdominal fluid collections. In these more severe cases people often need critical care and a prolonged hospital stay, and the mortality rate is 25%. The overall mortality rate in acute pancreatitis is approximately 5%.

2.4 Chronic pancreatitis is a continuous prolonged inflammatory process of the pancreas that results in fibrosis, cyst formation and

stricturing of the pancreatic duct. It usually presents with chronic abdominal pain but it can sometimes be painless.

2.5 The annual incidence of chronic pancreatitis in Western Europe is about 5 new cases per 100,000 people, although this is probably an underestimate. The male to female ratio is 7:1 and the average age of onset is between 36 and 55 years. Alcohol is responsible for 70–80% of cases of chronic pancreatitis.

3 Recommendations with potential resource impact

3.1 *Dietetic support*

Use protocols agreed with the specialist pancreatic centre to identify when advice from a specialist dietitian is needed, including advice on food, supplements and long-term pancreatic enzyme replacement therapy, and when to start these interventions (recommendation 1.3.4).

Consider assessment by a dietitian for anyone diagnosed with chronic pancreatitis (recommendation 1.3.5).

Background

3.1.1 The dietetics workforce has grown by 17.5% since 2012 and currently there is a vacancy rate of only 1.1% within the profession (Health Education England Draft healthcare workforce strategy 2018).

3.1.2 Pancreatology is increasingly recognised as a specialist area in dietetics, but access to specialist services is not universal. The committee recommended that early assessment by a dietitian should be considered for all people with chronic pancreatitis using agreed protocols.

3.1.3 Where dietetic services are not configured to provide specialist dietetic input or assessment by a dietitian, or protocols are not established, additional resources may be required at a local level.

Assumptions made

3.1.4 The salary plus on-costs for a band 7 specialist dietitian is £48,815 and is taken from Unit costs of health and social care 2017 (PSSRU).

3.1.5 The salary plus on-costs for a band 6 dietitian is £39,384 and is taken from Unit costs of health and social care 2017 (PSSRU).

Costs/Savings

3.1.6 Because of the variation in dietetics service configuration and commissioning arrangements, costs and savings should be considered at a local level.

3.1.7 The local resource impact template can be used by organisations to model any local costs and savings associated with implementing these recommendations.

Benefits and savings

3.1.8 Additional investment may be needed to increase access to specialist dietetics services for people with chronic pancreatitis, but this may be offset by the avoidance of healthcare costs (including hospital admissions) associated with malnutrition, poorly controlled diabetes and osteoporosis.

3.1.9 Improved management of comorbidities associated with pancreatitis may result in: fewer acute episodes, lower lengths of stay and increased quality of life.

Other considerations

3.1.10 The local resource impact template can be used by organisations to model any local costs and savings associated with implementing these recommendations.

3.2 *Other recommendations with a potential resource impact*

Background

3.2.1 Several other recommendations in the guideline have the potential to lead to more effective use of NHS resources when implemented. The extent of changes will depend on local current arrangements and the degree to which the recommendations are already part of existing practice.

3.2.2 The recommendations on the referral of people with chronic pancreatitis to specialist services (recommendations 1.2.14 and 1.2.15) may result in the need for changes to specialist pancreatitis service networks depending upon current configurations. It is not thought that this would result in additional funding requirements, but organisations may need to deploy existing resources differently.

3.2.3 The guideline recommends offering parenteral nutrition for people with acute pancreatitis only if enteral nutrition has failed or is contraindicated (recommendation 1.2.7). Parenteral nutrition is more expensive and less effective than enteral nutrition, and this change in practice may result in savings at a local level, depending on existing nutritional protocols. Parenteral nutrition services are constrained and experience high demand so any inappropriate parenteral nutrition avoided frees up capacity for other specialties to access (e.g. paediatrics).

4 Implications for commissioners

4.1 Commissioners and providers may need to review dietetics services, particularly with regard to the training and retention of specialist dietitians, to ensure recommendations on access to specialist dietetic services can be implemented. Demand and capacity planning may be needed to model any changes.

4.2 Commissioners, along with providers, may also need to review specialist pancreatitis protocols and referral in order to meet the recommendations on access to specialist services.

4.3 Pancreatitis falls under programme budgeting category 13C Hepatobiliary.

About this resource impact report

This resource impact report accompanies the NICE guideline on Pancreatitis and should be read in conjunction with it. See terms and conditions on the NICE website.