



Resource impact statement

Resource impact

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No significant resource impact is anticipated

The NICE guideline on suspected cancer: recognition and referral has been partially updated in December 2021.

We do not expect this update to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or £1,800 per 100,000 population) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or £9,000 per 100,000 population).

This is mainly because the recommendations have not changed significantly from the previous update and therefore, we do not think practice will change substantially.

Recommendation 1.6.3 in the update states consider referring people using a suspected cancer pathway referral (for an appointment within 2 weeks) for prostate cancer if their PSA levels are above the threshold for their age (see [table 1 in the update](#)). Age-specific PSA thresholds are already established in current practice, however as there are regional variations in practice (particularly in the 50 and 69 age range), the age-specific PSA thresholds have now been clearly defined.

For areas of the guideline where there may be a change in practice, either the number of people affected, or the potential resource impact, is small.

Prostate cancer services are commissioned by clinical commissioning groups/integrated care systems, except for radiotherapy, chemotherapy and specialist interventions such as specialist surgery, which fall under specialised commissioning and are commissioned by NHS England. Providers are NHS hospital trusts.