## **Resource impact summary**

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This summary report is based on the NICE assumptions used in the <u>resource impact</u> <u>template</u>. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

The NICE guideline on tobacco updates and replaces the former guideline NG209 last updated in 2023. The guideline has been updated to include cytisinicline, a medicinally licensed product, as a stop-smoking intervention (see recommendations 1.12.2, 1.12.4, 1.12.5, 1.12.8, 1.12.10 and 1.20.11).

We expect that the resource impact of this update:

- for any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 57.1 million people) and
- for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 57.1 million people).

This is because the overall incremental cost of treatment is low. The majority of people (86%) who set a quit date are supported with pharmocotherapy. Most of these people choose nicotine replacement therapy (NRT), with around 14% choosing a licensed oral medication either alongside NRT or alone.

A resource impact template is available for users to model the costs of prescribing cytisinicline, varenicline and bupropion for their local population who set a quit date and choose to be supported with a licensed oral medication.

On the inputs and eligible population worksheet, users should populate the market shares percentages (usage) for each of the treatment options for both current and future practice. The difference in overall costs will then be calculated in the Financial Impact (cash) worksheet.

Stop-smoking services are commissioned by integrated care boards and local authorities. Providers are NHS hospital trusts, local authorities, community providers, primary care providers and stop-smoking services.