

Putting NICE guidance into practice

**Resource impact report:
Type 2 diabetes in adults: management
(NG28)**

Published: December 2015

Introduction

This report looks at the resource impact of implementing NICE's guideline on [type 2 diabetes in adults](#) in England.

Diabetes services recommended in the guideline are commissioned by clinical commissioning groups and NHS England. These services are delivered by GPs, primary and community healthcare providers and secondary care. Complications of diabetes mainly affect services delivered by secondary care providers (NHS hospital trusts).

Recommendations with a potential resource impact

It is anticipated that implementation of the recommendations may have a resource impact. This is because the original guideline recommended a sulfonylurea as the second drug choice after metformin (either as initial drug treatment when metformin is contraindicated or not tolerated or in addition to metformin at first intensification). The updated recommendations give an equal weighting to dipeptidyl peptidase-4 (DPP-4) inhibitors, pioglitazone and sulfonylureas.

Please note that sodium-glucose co-transporter 2 (SGLT-2) drugs are outside the scope of the guideline. Treatment with combinations of medicines including SGLT-2 inhibitors may be appropriate for some people with type 2 diabetes; see the NICE guidance on [canagliflozin in combination therapy for treating type 2 diabetes](#), [dapagliflozin in combination therapy for treating type 2 diabetes](#), and [empagliflozin in combination therapy for treating type 2 diabetes](#).

Costs

There are many different medicines and medicine combinations available for type 2 diabetes. The choice and dose of medicine should be an informed decision reached by the patient and clinician. NICE has produced a [patient decision aid](#) to help.

The resource impact is anticipated to come from a shift from sulfonylureas to more expensive DPP-4 inhibitors. Treatment with sulfonylureas is estimated to have an average cost of £84¹ per patient per year compared with an estimated average cost of £431² for DPP-4 inhibitors. CCGs should monitor prescribing patterns in this area accordingly.

The people affected by the new recommendations each year are likely to be those newly diagnosed with type 2 diabetes and those having their treatment intensified. Therefore implementation is likely to occur over several years.

¹ This is the drug cost and self-monitoring blood glucose cost for 12 months. The drug cost is a weighted average based on prescribing data from 2014 and the electronic drug tariff (accessed October 2015). It is assumed that people receiving sulfonylureas will need 3 blood tests each week. A cost of 33p for a self-monitoring blood glucose test (strip and lancet) has been taken from the guideline's health economic analysis.

² This is the drug cost for 12 months. The drug cost is a weighted average based on prescribing data from 2014 and the electronic drug tariff (accessed October 2015).

About this resource impact report

This resource impact report accompanies the NICE guideline [type 2 diabetes in adults](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

This report is written in the following context

This report represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. The report is an implementation tool and focuses on the recommendations that were considered to have a significant impact on national resource use.

Assumptions used in the report are based on assessment of the national average. Local practice may be different from this, and the impact should be estimated locally.

Implementation of the guidance is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this resource impact product should be interpreted in a way that would be inconsistent with compliance with those duties.

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