NICE National Institute for Health and Care Excellence

Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Population and treatments' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendation

See NICE's recommendation on teplizumab for delaying the onset of stage 3 type 1 diabetes in people 8 years and over with stage 2 type 1 diabetes.

Financial and capacity resource impact

The key driver of resource impact is that there is no alternative treatment to teplizumab that is being displaced. So, teplizumab is an add-on cost to existing established clinical management.

The company has a commercial arrangement. This makes teplizumab available to the NHS at a discount.

Users can input the confidential price of teplizumab and amend other variables in the resource impact template.

The payment mechanism for the technology is determined by the responsible commissioner and depends on whether the technology is classified as high cost.

Table 1 shows the impact on capacity activity in each of the next 3 years, based on people tested who have a first-degree relative with type 1 diabetes.

Table 1 Capacity impact (activity) per 10,000 people tested for autoantibodies in England

Year	Number of administration appointments	Number of autoantibody tests	Other pathology tests (includes blood count and liver enzyme test)
Current practice (without teplizumab)	0	10,000	0
Year 1	651	10,000	627
Year 2	759	10,000	705
Year 3	868	10,000	782

Table 2 shows the potential savings resulting from delaying the onset of type 1 diabetes by prescribing teplizumab. This is based on the expected uptake shown in table 3.

Table 2 Reduction in people whose diabetes progresses to stage 3 type 1 diabetes based on expected uptake

Year	Reduction in people whose type 1 diabetes progresses to stage 3	Savings (£'000)
Current practice (without teplizumab)	0	0
Year 1	16	83
Year 2	29	151
Year 3	44	234

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Eligible population for teplizumab

Table 3 shows the population who are eligible for teplizumab per 10,000 people tested with a first-degree relative with type 1 diabetes. It also shows the number of people who are expected to have teplizumab in each of the next 3 years, excluding forecast population growth.

Table 3 Population expected to be eligible for and have teplizumab in England per 10,000 people tested

Eligible population and uptake	Number of people eligible for teplizumab	Uptake for teplizumab (%)	Number of people having teplizumab each year
Current practice without teplizumab	77	0	0
Year 1	77	60	46
Year 2	77	70	54
Year 3	77	80	62

The following assumptions have been used to calculate the eligible population:

- The eligible population is based on testing 10,000 people with a first-degree relative with type 1 diabetes for autoantibodies per year.
- The results of testing are based on the ELSA study.

The uptake for teplizumab is based on company information.

Treatment options for the eligible population

The comparator treatments for the eligible population are established clinical management. No costs are included in the tools for this because it is expected to continue with the addition of teplizumab.

For more information about the treatments, such as dose and average treatment duration, see the resource impact template.

Key information

Table 4 Key information

Time from publication to routine commissioning funding	90 days
Programme budgeting category	04A Endocrine, Nutritional and Metabolic Problems – diabetes
Commissioners	ICBs

Providers	NHS hospital trusts
Pathway position	Delay the onset of stage 3 type 1 diabetes in people 8 years and older with stage 2 type 1 diabetes

About this resource impact summary report

This resource impact summary report accompanies the NICE technology appraisal guidance on teplizumab for delaying the onset of stage 3 type 1 diabetes in people 8 years and over with stage 2 type 1 diabetes and should be read with it.

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