NICE National Institute for
Health and Care Excellence

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## PUBLIC BOARD MEETING

Wednesday 29 January 2020 at 1:30pm
at All Nations Centre, Sachville Avenue, Cardiff, CF14 3NY

## AGENDA

| 20/001 | **Apologies for absence**<br>To receive apologies for absence | (Oral) |
|---|---|---|
| 20/002 | **Declarations of interests**<br>To declare any new interests and consider any conflicts of interest specific to the meeting | (Item 1) |
| 20/003 | **Minutes of the last Board meeting**<br>To approve the minutes of the Board meeting held on 20 November 2019 | (Item 2) |
| 20/004 | **Matters arising**<br>To consider matters arising from the minutes of the last meeting | (Oral) |
| 20/005 | **Chief Executive's report**<br>To receive the Chief Executive's report<br>*Andrew Dillon, Chief Executive* | (Item 3) |
| 20/006 | **Finance and workforce report**<br>To receive the report<br>*Catherine Wilkinson, Acting Director, Business Planning and Resources* | (Item 4) |
| 20/007 | **Working with Wales to implement NICE guidance**<br>To receive the report<br>*Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate* | (Item 5) |
| 20/008 | **NICE impact report: dementia**<br>To receive the report<br>*Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate* | (Item 6) |
| 20/009 | **Chair and Chief Executive appointments**<br>To receive an update<br>*Andrew Dillon, Chief Executive* | (Oral) |
| 20/010 | **Audit and Risk Committee**<br>To receive the unconfirmed minutes of the meeting held on 28 November 2019<br>*Dr Rima Makarem, Chair, Audit and Risk Committee* | (Item 7) |

| 20/011 | **Minor amendment to the NICE Principles** | (Item 8) |
| | To approve the revised Principles | |
| | *Andrew Dillon, Chief Executive* | |

| 20/012 | **Directors' reports for consideration** | (Item 9) |
| | Centre for Guidelines | |

**Directors' reports for information**

| 20/013 | Centre for Health Technology Evaluation | (Item 10) |

| 20/014 | Communications Directorate | (Item 11) |

| 20/015 | Evidence Resources Directorate | (Item 12) |

| 20/016 | Health and Social Care Directorate | (Item 13) |

| 20/017 | **Laptops and workstations - new equipment for a new mobile working environment** | (Item 14) |
| | To approve the proposal | |
| | *Alexia Tonnel, Director, Evidence Resources* | |

| 20/018 | **Any other business** | |
| | To consider any other business of an urgent nature | (Oral) |

**Date of the next meeting**
To note the next public Board meeting will be held on 25 March 2020 at Wythenshawe Hospital, Manchester, M23 9LT

# Interests Register - Board and Senior Management Team

| Name | Role with NICE | Description of interest | Interest arose | Interest ceased |
|------|---------------|------------------------|----------------|-----------------|
| **Board Members** | | | | |
| Prof Tim Irish | Interim Chair | Life science assets held in a blind trust and managed by an independent trustee | 2015 | |
| | | Professor of Practice, King's College London's School of Management / Business and a paid consultant to King's Commercialisation Institute. | 2017 | |
| | | Non-Executive Director, Life Sciences Hub Wales Ltd. | 2017 | 2019 |
| | | Chairman and Non-Executive Director, Quirem Medical BV Supervisory Board. | 2015 | |
| | | Non-Executive Director, Fiagon AG. | 2017 | |
| | | Non-Executive Director, eZono AG. | 2018 | |
| | | Non-Executive Director, Feedback plc. | 2017 | |
| | | Non-Executive Director, Styrene Systems Ltd. | 2017 | 2019 |
| | | Board Member, Pistoia Alliance Advisory Board. | 2017 | 2019 |
| | | Non-Executive Director, Pembrokeshire Retreats Ltd. | 2006 | |
| | | Non-Executive Director, ImaginA b Inc. | 2019 | |
| | | Non-Executive Director, Rutherford Health Plc | 2019 | |
| Prof Sheena Asthana | Non-Executive Director | Trustee of Change Grow Live (charity). | 2017 | |
| | | Member of the Advisory Committee on Resource Allocation (NHS England). | 2017 | |
| | | Professor of Health Policy, University of Plymouth | 2004 | |
| Prof Martin R Cowie | Non-Executive Director | Consultancy payments for the membership of Steering committee/DSMBs/Endpoint committees related to Global Clinical Trials or Registries: XATOA, COMPASS, COMMANDER-HF (Bayer); SHIFT, QUALIFY, OPTIMIZE (Servier); RELAX-Region Europe, PARALLAX, VERIFY (Novartis); COAST (Abbott); COAST-AHF (Neurotronik); FIRE1 system (FIRE1); SERVE-HF (ResMed). | 2016 | |

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| | | Associate Editor honoraria from Heart (BMJ Publications) and Journal of the American College of Cardiology. | 2016 | |
| | | Research grants to Imperial College London to support investigator-led research projects (ResMed; Bayer; Abbott; Boston Scientific; NIHR; British Heart Foundation). | 2016 | |
| | | Fellowships of the Royal College of Physicians of London and Edinburgh, and of the European Society of Cardiology, the Heart Failure Association of the European Society of Cardiology, and the American College of Cardiology. | 2016 | |
| | | Chair of the Digital Committee of the European Society of Cardiology, and Member of the Digital Committee of the British Cardiovascular Society. | 2016 | |
| | | Member of the Advocacy Committee of the European Society of Cardiology. | 2016 | |
| | | Member of the Medical Advisory Board of the patient charity: the Pumping Marvellous Foundation. | 2016 | |
| | | Trustee of the Atrial Fibrillation Association (patient charity). | 2019 | |
| | | Adviser, BMJ Best Practice | 2019 | |
| Elaine Inglesby-Burke CBE | Non-Executive Director | Chief Nursing Officer, Northern Care Alliance NHS Group (Salford Royal NHS Foundation Trust and Pennine Acute NHS Trust). | 2004 | |
| | | Board Member – AQuA (Advancing Quality Alliance). | 2012 | |
| | | Professional Advisor (Secondary Care) Governing Body – St Helens CCG. | 2014 | 2019 |
| | | Trustee – Willowbrook Hospice, Merseyside. | 2007 | |
| Dr Rima Makarem | Interim Vice Chair and Senior Independent Director | Audit Chair & Non-Executive Director, University College London Hospitals NHS Foundation Trust (UCLH). | 2012 | 2019 |
| | | Chair, National Travel Health Network & Centre (NaTHNaC). | 2015 | 2019 |
| | | Trustee at UCLH Charity. | 2013 | 2019 |
| | | Independent Council Member at St George's University of London. | 2016 | 2019 |
| | | Non-Executive Director and Audit Committee Chair, House of Commons Commission. | 2018 | |
| | | Non-Executive Director, The Hillingdon Hospitals NHS Foundation Trust. | 2019 | 2019 |
| | | Lay Member, General Pharmaceutical Council. | 2019 | |

| Tom Wright CBE | Non-Executive Director | Chief Executive, Guide Dogs. | 2017 | |
| | | Trustee, Doteveryone charity. | 2017 | 2019 |
| | | Chairman, Leeds Castle Enterprises and Trustee, Leeds Castle Foundation. | 2019 | |
| | | Chairman, Imperial War Museum Development Trust. | 2019 | |
| **Senior Management Team** | | | | |
| Sir Andrew Dillon | Chief Executive | Trustee, Centre for Mental Health charity. | 2011 | |
| | | Visiting Professor at Imperial College London. | 2016 | |
| Ben Bennett | Director<br><br>Business Planning & Resources | None. | | |
| Meindert Boysen | Director<br>Centre for Health Technology Evaluation | Member of the Board of Directors for the International Society for Pharmacoeconomics and Outcomes Research. | 2017 | |
| | | Member of the International Advisory Panel for the Agency for Care Effectiveness (ACE) in Singapore. | 2019 | |
| Paul Chrisp | Director<br>Centre for Guidelines | Spouse works in medical communications offering services to a range of pharmaceutical companies. | 2009 | |
| Jane Gizbert | Director<br>Communications | Non-Executive Director Tavistock and Portman NHS Mental Health Trust. | 2014 | 2019 |
| Prof Gillian Leng | Deputy Chief Executive and Health and Social Care Director | Honorary Librarian and Trustee at the Royal Society of Medicine. | 2013 | |
| | | Editor of the Cochrane EPOC Group. | 2012 | |
| | | Visiting Professor at the King's College London. | 2012 | |
| | | Association Member BUPA. | 2013 | 2019 |
| | | Chair - Guidelines International Network (GIN). | 2016 | |
| | | Spouse is an Executive Director at Public Health England. | 2013 | |

| Alexia Tonnel | Director Evidence Resources | None. | | |
|---|---|---|---|---|
| Catherine Wilkinson | Acting Director, Business Planning and Resources | Trustee, Age UK, Lancashire | 2018 | |

**NICE** National Institute for
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**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Public Board Meeting held on 20 November 2019
at the Post Graduate Education Centre, Great Ormond Street Hospital,
London WC1N 3JH**

**Unconfirmed**

These notes are a summary record of the main points discussed at the meeting and
the decisions made. They are not intended to provide a verbatim record of the
Board's discussion. The agenda and the full documents considered are available in
accordance with the NICE Publication Scheme.

Present

| | |
|---|---|
| Professor Tim Irish | Vice Chair and Non-Executive Director |
| Professor Sheena Asthana | Non-Executive Director |
| Professor Martin Cowie | Non-Executive Director |
| Elaine Inglesby-Burke | Non-Executive Director |
| Dr Rima Makarem | Non-Executive Director |
| Tom Wright | Non-Executive Director |

Executive Directors

| | |
|---|---|
| Sir Andrew Dillon | Chief Executive |
| Ben Bennett | Business Planning and Resources Director |
| Professor Gillian Leng | Health and Social Care Director and Deputy Chief Executive |
| Alexia Tonnel | Evidence Resources Director |

Directors in attendance

| | |
|---|---|
| Meindert Boysen | Centre for Health Technology Evaluation Director |
| Paul Chrisp | Centre for Guidelines Director |
| Jane Gizbert | Communications Director |

In attendance

| | |
|---|---|
| David Coombs | Associate Director – Corporate Office (minutes) |

**19/095 APOLOGIES FOR ABSENCE**

1.  Apologies were received from Sir David Haslam, with Tim Irish chairing the
    meeting in his absence.

**19/096 DECLARATIONS OF INTEREST**

2.  Tim Irish noted that the register of interests has been updated to include his recent
    appointment as a Non-Executive Director of Rutherford Health plc. This and the

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other declared interests on the register were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

## 19/097 MINUTES OF THE LAST MEETING

3.  The minutes of the Board meeting held on 18 September 2019 were agreed as a correct record.

## 19/098 MATTERS ARISING

4.  The Board reviewed the actions arising from the public Board meeting held on 18 September 2019 and noted that:

- The Board's comments about smoking in pregnancy that arose from the impact report on maternity and neonatal care will be fed into NICE's routine engagement with Public Health England (PHE).

- Social and digital media will be included in the media monitoring contract when this is retendered by the Communications directorate.

## 19/099 CHIEF EXECUTIVE'S REPORT

5.  Andrew Dillon presented his report which provided an update on the main programme activities to the end of October 2019 and summarised the financial position at the end of September. At the end of this period, finance and operational performance is on track.

6.  The Board received the report.

## 19/100 FINANCE AND WORKFORCE REPORT

7.  Ben Bennett presented the report which outlined the financial position at 30 September 2019 and provided an update on workforce developments. At the end of this period there is a £1.3m underspend. The full-year forecast is for the underspend to reduce to £0.5m due to cost pressures later in the year around NICE Connect and the move to the new London office. Ben highlighted the latest position with income from the technology appraisal and highly specialised technologies programmes and also noted the ongoing positive progress with the work to bring recruitment in-house.

8.  The Board received the report.

## 19/101 WIDENING THE EVIDENCE BASE: THE USE OF BROADER DATA AND APPLIED ANALYTICS IN GUIDANCE DEVELOPMENT

9.  Gill Leng presented the report that summarised the feedback from the consultation on the 'statement of intent' for the future use of data and analytics within NICE's guidance programmes and wider products, and NICE's response. The consultation feedback was overall positive, with comments informing

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additions and clarifications to the statement. Detail on methodological considerations will be developed and embedded in methods guides.

10. Board members welcomed the report and NICE's intentions in this area. The need for caution about new data sources was noted, in particular to be mindful of the risks of bias in, and uneven coverage of, data sets. It will also be important to consider the hierarchy of evidence. Gill Leng noted these are among the questions to explore further, in conjunction with academic partners.

11. The Board agreed the changes to the statement of intent and supported the proposed next steps for the Data and Analytics transformation programme. The Board requested regular progress updates on this work.

**ACTION: Alexia Tonnel**

12. A member of the audience noted the risks in new data sources but highlighted that all data has a vulnerability to bias, including data more traditionally used. They noted that some questions will require trial data, whereas others are suited to alternative data sources.

## 19/102 RESPONSE TO CONSULTATION ON THE DRAFT NICE PRINCIPLES

13. Andrew Dillon presented the report that summarised comments on the draft NICE Principles during a public consultation, and outlined an updated version to address the feedback received. Andrew noted that the Principles will be a key document setting out how NICE develops guidance, and highlighted the importance of explaining how evidence is converted to the recommendations that impact on the provision of health and care services. The Principles will also help ensure consistency between committees. Andrew thanked stakeholders for their feedback on the previous draft Principles, which helped create an improved document.

14. The Board approved the NICE Principles. These will succeed the Social Value Judgements (SVJ) as the working document for NICE advisory committees, with the SVJ available on the website as an important underpinning document.

15. A member of the audience queried why the Principles do not include the four moral principles in the SVJ document of respect for autonomy, non-maleficence, beneficence, and distributive justice. They noted that the Principles refer to choice and suggested the need to refer to 'thought out' choice. In response, Andrew Dillon noted the importance of using language that is easily understood, and stated these four principles are unlikely to be accessible to a wide audience. In relation to choice, he noted that the Principles refer to 'informed' choice, which he believed addressed the issue raised.

16. A member of the audience, a former NICE director who helped develop the original SVJ document, welcomed the changes made following the consultation, and stated that in his view, the document sets out what NICE does to a general

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audience. He highlighted the importance of considering how to implement the Principles.

17.    In response to comments about the cost effectiveness threshold, NICE's senior departmental sponsor who was in the audience highlighted that the threshold was confirmed as part of the recent five year agreement between the Department for Health and Social Care and the Association of the British Pharmaceutical Industry. She also noted that NICE's arrangements have evolved including the introduction of the end of life modifier and the higher threshold for the highly specialised technologies programme.

## 19/103 INDICATOR PROCESS GUIDE

18.    Gill Leng presented the report that summarised the feedback from the consultation on the updated indicator process guide and NICE's proposed response. Gill noted consultees were supportive of the substantive changes, and gave feedback that has led to some further changes including to increase visibility of indicator progression and considering the need to consult on an indicator's proposed retirement from the NICE menu. In addition, there will now be line by line responses given to stakeholder comments submitted to indicator consultations.

19.    Gill noted the paper produced by NICE staff and GP academics from the University of Cambridge and the University of Edinburgh on the impact of removing financial incentives on the quality of care, which received a Royal College of General Practitioners award.

20.    In response to a question from the Board about the indicator selection process, Mark Minchin, the Associate Director for the indicator programme, stated that NICE is increasingly working more closely with key partners at the selection stage to ensure indicators are developed that meet partners' needs.

21.    The Board approved the updated indicator process guide for publication in December 2019.

**ACTION: Gill Leng**

## 19/104 IMPACT REPORT: LUNG CANCER

22.    Gill Leng presented the impact report on how NICE's evidence-based guidance contributes to improvements in lung cancer care. Gill noted the external commentary from the Clinical Director for the Centre for Cancer Outcomes, and advised the Board that the activities to promote the report will take place once the general election 'purdah' period restrictions end.

23.    The Board discussed the process for selecting the topics for the impact reports and noted that the key determinant is the availability of national data. It was suggested that it may be helpful to liaise with the relevant professional bodies to

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give them advance notice of the topics, as these organisations may want to plan their engagement activities to utilise the impact reports.

24. It was noted that the report did not include outcomes data, and this will be included in future reports where available. It was also agreed that the cancer drugs fund should be referenced in future impact reports where appropriate.

**ACTION: Gill Leng**

## 19/105 A NEW DIRECTOR POST FOR SCIENCE, EVIDENCE AND ANALYTICS

25. Gill Leng presented the report that set out a proposed new director role for science, evidence and analytics, alongside the associated changes in related senior management roles. As noted in the report, the role will increase senior management capacity in an area of strategic importance for NICE. Following approval by the Board, the NICE and Department for Health and Social Care Remuneration Committees will be asked to agree the role's salary.

26. The Board approved the creation of the new director post and the associated senior management changes. It was agreed that the job description should reference the role's contribution to the NICE Connect transformation programme.

**ACTION: Gill Leng**

## 19/106 NICE CHARTER

27. Jane Gizbert presented the paper that set out proposed amendments to the NICE Charter following its annual review. The main change is to reference the NICE Principles agreed earlier in the meeting, with other minor updates also made throughout. Following agreement by the Board, the updated Charter will be published on the NICE website and publicised on social media once the general election 'purdah' period restrictions end.

28. The Board approved the updated Charter for publication and dissemination.

**ACTION: Jane Gizbert**

29. Following a suggestion from a member of the audience, it was agreed that when published on the website the Charter should include hyperlinks to the NICE Principles and other important referenced documents.

**ACTION: Jane Gizbert**

## 19/107 AUDIT AND RISK COMMITTEE MINUTES

30. Dr Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee's meeting held on 4 September 2019.

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Items of note include the first annual counter fraud submission to the Cabinet Office made in September, and the committee's ongoing interest in cyber security.

31.   The Board received the unconfirmed minutes.

## 19/108 BOARD CHAIR AND VICE CHAIR

32.   The Board agreed the proposal to appoint Dr Rima Makarem to the role of interim Vice Chair for the period that Tim Irish is interim Chair. It was agreed that Dr Makarem would continue as Senior Independent Director and chair of the Audit and Risk Committee during this period, but this would be reviewed should she be required to cover for the interim Chair for a substantial period of time.

## 19/109 DIRECTOR'S REPORT FOR CONSIDERATION

33.   Gill Leng presented the update from the Health and Social Care Directorate, and highlighted points of note including the endorsement statements that promote the implementation of NICE guidance, the positive response to the latest round of recruitment for Fellows and Scholars, and the review of the 23 grant-in-aid funded outputs produced by the medicines and technologies programme. Gill paid tribute to Professor Bee Wee who has stepped down from chairing a quality standards advisory committee due to other national commitments.

34.   The Board noted the report and thanked Gill for the Directorate's work. Progress updates on NICE's engagement with the NHS England/Improvement regional offices were requested.

**ACTION: Gill Leng**

35.   A member of the audience who was a lay member of a technology appraisal committee and also held other lay roles with national bodies praised NICE's work on public and lay involvement.

## 19/110 – 19/113 DIRECTORS' REPORTS FOR INFORMATION

36.   The Board received the Directors' Reports.

## 19/114 ANY OTHER BUSINESS

37.   None.

## NEXT MEETING

38.   The next public meeting of the Board will be held at 1.30pm on 29 January 2020 at the All Nations Centre, Cardiff, CF14 3NY.

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# Chief Executive's report

This report provides information on the outputs from our main programmes for the 9 months to the end of December 2019 and on our financial position for the same period, together with comment on other matters of interest to the Board.

The Board is asked to note the report.
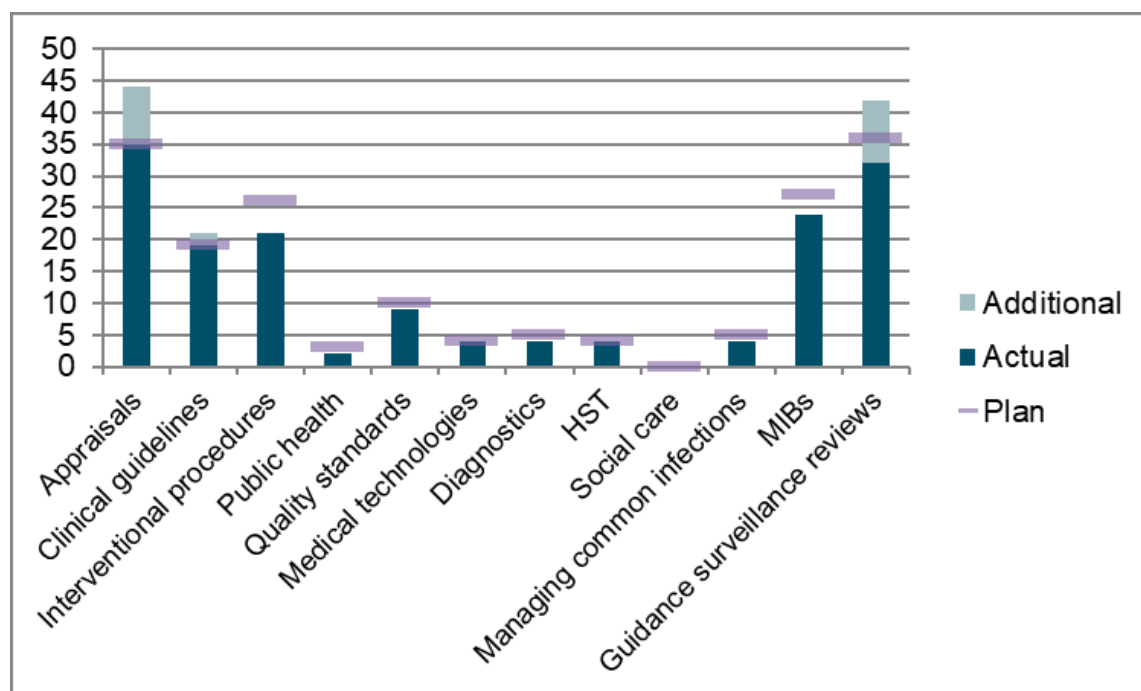
Andrew Dillon
Chief Executive
January 2020

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# Introduction

1.  This report sets out the performance of the Institute against its business plan objectives and other priorities, and for income and expenditure for the 9 months to the end of December 2019. This report notes the guidance published since the last public Board meeting in November and refers to business issues not covered elsewhere on the Board agenda.

2.  The report also contains a report on the performance of the Science, Advice and Research programme in Appendix 5.

3.  The balanced scorecard, reporting more detail on aspects of our performance for the period April to December 2019, is set out at Appendix 6. There are no material variations to note on this report.

# Performance

4.  The current position against a consolidated list of objectives in our 2019-20 business plan is set out in Appendix 1.

5.  Extracts from the Directors' reports, which refer to particular issues of interest, are set out at Appendix 2. The performance of the main programmes between April and December 2019 is set out in Chart 1.

### Chart 1: Main programme outputs: April to December 2019



[download the data set for this chart](#)

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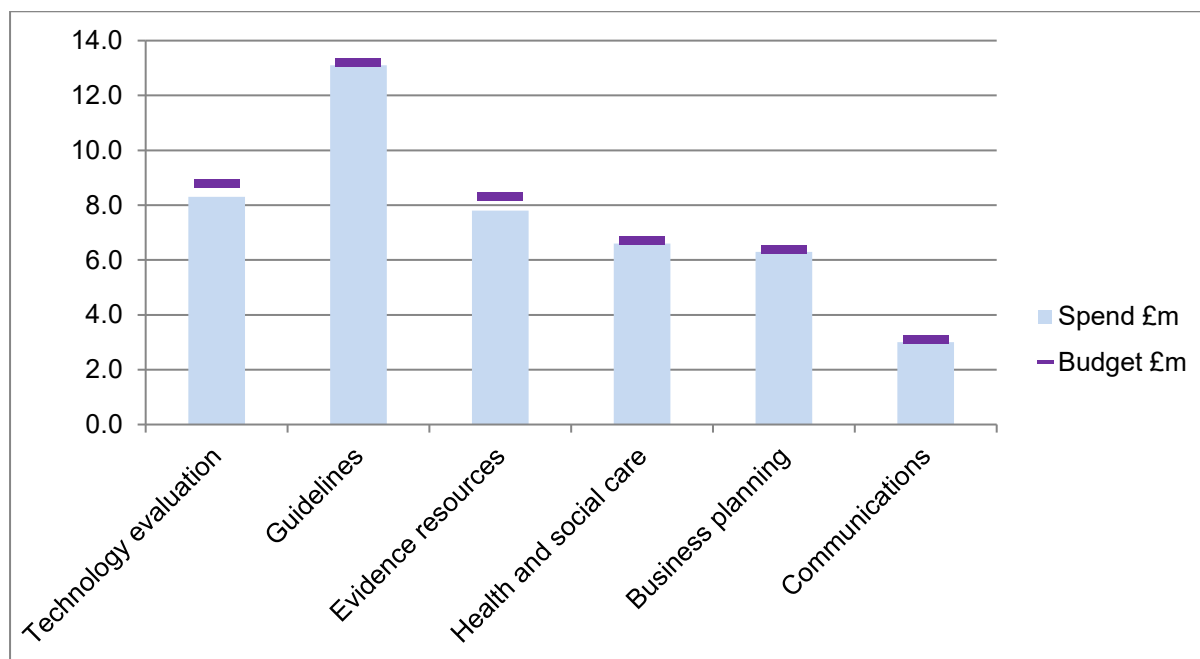Date: 29 January 2020
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Notes to Chart 1:

    a) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
    b) MIBs (medtech innovation briefings) are reviews of new medical devices
    c) Guidance surveillance reviews provide the basis for decisions about whether to update current NICE guidance
    d) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
    e) 'Additional' topics are either those which should have published in the previous financial year, or that have been added since the publication of the business plan

6.  Details of the variance against plan are set out at Appendix 3. Guidance, quality standards and other advice published since the last Board meeting in November is set out Appendix 4.

# Financial position (Month 9)

7.  The financial position for the 9 months from April 2019 to the end of December 2019 is an under spend of £2.0m (5%), against budget. This consists of an under spend of £1.0m on pay and £0.3m on non-pay budgets, supported by an over-recovery of £0.7m on income. The position of the main budgets is set out in Chart 2. Further information is available in the Business Planning and Resources Director's report, including a detailed report on the recovery of costs for the technology appraisal and highly specialised technologies programmes.

## Chart 2: Main programme spend: April to December 2019 (£m)



[download the data set for this chart](download the data set for this chart)

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# Appendix 1: Business objectives for 2019-20

In managing its business, NICE needs to take account of the objectives set out in its business plan, and the organisational and policy priorities for NICE set out by the Department of Health and Social Care. The table below consolidates and tracks progress with the main elements of these influences on our work in 2019-20.

| Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users | Delivery date | Progress update |
|---|---|---|
| • Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the business plan and the balanced scorecard, including the planned increases in the technology evaluation programmes | • Ongoing | • Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report. |
| • Subject to evaluation of the NICE Connect project pilot, develop a business case and programme plans for the next phase of the project | • End of Q3 | • A detailed report was considered by the Board in September, setting out a business case and plans for the next phase of work. A vision and strategy for the guidelines programme has been developed following the October Board strategy meeting. A NICE Connect business plan is being developed for 2020/21. |
| • Undertake a review of the topic selection arrangements for the HST programme and methods guides for the technology evaluation programmes | • End of Q4 | • The steering group (comprising NICE, NHS England and DHSC) and working group (involving these bodies as well as the main industry and patient group stakeholders) are meeting approximately monthly. Task and finish groups are commissioning methodological work from academic expert groups.  A dedicated page on the NICE website has been created, and a webinar for patient groups has been held. |

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| | | |
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| • Review and update the guidelines methods and process manual to determine the optimal development path and timeline for guideline development in the context of the NICE Connect project | • End of Q4 | • Work is ongoing with other NICE teams and external guideline developers to identify priority areas for update to the methods and process manual. This will be reflected in the Connect methods, process and analytics expert group.<br><br>• The expert group includes workstreams on prescribing pathways, surveillance and wording of recommendations. |
| • Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search, Medicines Awareness Service), with investment in new features on a strictly needed basis | • Ongoing | • All systems are performing in line with recent trends. Continued strong performance of the BNF microsites and the CKS service. New and updated CKS topics for publication in 2020 are being agreed. |
| • Enable access to the new national core content and procure any additional content in line with Health Education England's (HEE) commissioning decisions | • Q1 | • Complete. |
| • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision-Making Collaborative | • Ongoing | • A meeting of the Shared Decision-Making Collaborative was held in June and was well attended.  A revised action plan is being developed following on from this meeting. |
| • Deliver a range of tools and support for the uptake of NICE guidance and standards, including adoption support products, endorsement statements, and shared learning examples | • Ongoing | • Tools and support have been delivered as planned.  Further information is available in the Health and Social Care Director's report. The need for adoption support products is being reviewed as part of the NICE Connect project. |

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| • Evaluate the most effective social and multimedia channels currently used to promote NICE's work | • Ongoing | • An evaluation of our social media work is underway and is expected to be ready for wider distribution and discussion in Q4. |
| • Evaluate the scope to improve the recruitment and retention of advisory committee members | • End of Q2 | • New digital platforms have been used to promote opportunities for committee members, and ways of being more proactive about recruitment are being explored in CHTE. |
| **Play an active, influential role in the national stewardship of the health and care system** | **Delivery date** | **Progress update** |
| • Work with NHS England and other health and care system partners to support the implementation of the NHS long term plan | • Ongoing | • We have mapped areas of NICE's work to the implementation arrangements for the Long-Term Plan and are working with NHS England to ensure NICE guidance is appropriately reflected. Progress is monitored by the Senior Management Team. |
| • Explore with NHS England the options for a digital health technology evaluation workstream, building on the Evidence for Effectiveness standards | • End of Q2 | • An internal project team has been established and there is a stakeholder Steering Group, chaired by the Programme Director, Evidence Resources.<br><br>• An outline process has been developed for the evaluation pilot.<br><br>• Four apps have been identified as pilot topics. Technical engagement meetings have been held to review the evidence on the apps. One of them is being considered by the Medical Technologies Advisory Committee in January 2020, for guidance recommendations. |

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| • Subject to the UK's EU exit arrangements, design and put in place changes to our current technology appraisal process in order to secure consistency with UK regulatory arrangements | • End of Q2 | • Planning for no-deal EU Exit has been stood down. The combined impact of exiting the EU and impending changes to European device regulations on NICE's guidance recommendations for medical devices and diagnostics is being closely monitored. |
| • Commission a bi-annual NICE reputation research project to assess our key stakeholders' views of NICE and our work, and conduct specific and targeted audience research on key issues that contribute to meeting corporate business objectives and implementation of NICE guidance | • End of Q2 | • The final report on the findings of the research project was presented to the Board in August.<br>• The survey results are being shared with teams across NICE and plans are being developed to implement suggestions from the NICE Board. The findings are helping to inform business planning for 2020/21. |
| • Deliver a suite of activities to mark NICE's 20th anniversary | • End of Q1 | • Complete. |
| **Take advantage of new data sources and digital technologies in developing and delivering our advice** | **Delivery date** | **Progress update** |
| • Develop and establish a long term data analytics strategy for NICE together with a framework for the appropriate use of data analytics across NICE's programmes, and facilitating a national leadership in the field | • End of Q3 | • A 'Statement of Intent' has been developed, setting out how we aim to use data analytics in our future work. This was subject to a 3-month consultation and agreed by the Board in November along with the next steps.<br>• The implications of this work on methods and processes are being picked up by the methods, process and analytics Connect expert group.<br>• A new director post to lead this work has been approved by the Board and will be advertised in January 2020. |

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| • Identify digital investment priorities, and their sequencing, to align with the NICE Connect project transformation work, reviewing the roadmap quarterly | • Ongoing | • We are currently working with a consultancy to create the future Target Operating Model (TOM) for our integrated digital and IT team.<br><br>• We have started work to plan the transition from our current managed IT service provider.<br><br>• We completed procurement of a strategic partner to support the development of a data management and records management strategy for NICE and to work with our internal team on the roll out of Office 365 and move towards a digital workplace.<br><br>• We completed procurement of a training provider and held initial planning meetings to provide NICE-wide training on Microsoft Teams.<br><br>• Progress has continued on a range of digital services projects including work on our evidence management platform, our identify management solution, our existing pathways site and our medicine awareness email service. |
| • Manage and maintain the live digital services of NICE utilising user insight and strategic service goals to prioritise use of resource | • Ongoing | • Usual activity of defect resolution and responding to change requests continues. |
| **Generate and manage effectively the resources needed to maintain our offer to the health and care system** | **Delivery date** | **Progress update** |
| • Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets | • End of March 2020 | • Current year end projections show that we expect to remain within the tolerance agreed with DHSC for the transition year to the full cost recovery for technology appraisal and highly specialised technologies. |

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| | | • NICE Scientific Advice has generated a surplus in income over the first 10 months and is on-track to exceed the 2019/20 income targets, which include a full contribution to NICE's overheads. |
| • Introduce charging for technology appraisal and highly specialised technologies and recover the target income for 2019/20 | • From 1 April 2019 | • As above: charging systems are now fully operational. Income was slightly ahead of target for quarter 1, and projections at the end of quarter 2 show that we expect to remain within the tolerance agreed with DHSC for this first year. |
| • Deliver existing grant funded research projects to plan and timetable and secure a pipeline of new projects for 2020/21 | • End of March 2020 | • Science Policy and Research income is on target for the final quarter of 2019/20. Several projects extend to future years (some to 2023), with funding for the next 2 years secured at comparable levels to this year. A new project, ERA4TB, started on 1 January and will run for 6 years. Existing projects are being delivered to plan. |
| • Promote our capacity for knowledge sharing with international organisations interested in NICE's expertise and experience, including the re-use of NICE's published content outside of the UK | • Ongoing | • The NICE International team received 23 new enquiries, and delivered 11 international engagements, including hosting a 3-day knowledge transfer visit by the Brazilian Ministry of Health. Other international engagements included the provision of quality assurance advice on proposals for the work of the Prosperity fund Better Health Programme in South Africa and delivering tailored seminars to a number of delegations from South America, China, South Africa, the Philippines and the Netherlands. The team re-launched the |

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| | | NICE International brand in November and are looking to hold a launch event for stakeholders in 2020.<br><br>• Revenue generated from content re-use (of published NICE guidance) services at the end of December remained at approximately £98,000, which is ahead of target for the year. |
|---|---|---|
| **Support the UK's ambition to enhance its position as a global life sciences destination** | **Delivery date** | **Progress update** |
| • Make preparations to implement the commitments of the 2019 Voluntary Scheme for Branded Medicines Pricing and Access related to NICE so that (i) all new active substances and drugs with significant licence extensions will be appraised, except where there is a clear rationale not to do so, by April 2020;  (ii) NICE is able to publish recommendations on non-cancer drugs within 90 days of licensing to match the timescales for cancer drugs (ongoing) | • End of Q4/on-going | • The expansion of the technology appraisal programme was approved by the SMT in August 2019 and recruitment is ongoing in order to provide the opportunity to publish 80 pieces of guidance in the 2020/21 business year.<br><br>• New non-cancer drugs that have been formally referred onto the work programme and will be licensed post April 2020 are scheduled with the same timeliness commitment as new oncology drugs (that is to publish guidance within 90 days of licensing). |
| • Deliver the actions set out for NICE in the Government's Life Sciences Sector Deals and significantly increase the number of evaluations of these health tech products conducted, giving greater scope for considering different types of innovation, including digital products. | • Ongoing | • Work is ongoing with NHS England and NHS Improvement on the development of a new Medtech funding mandate, with NICE as a key partner.<br><br>• Confirmation has been received from the Department of Health and Social Care that the expansion of the Medical Technologies and Diagnostics programmes will be funded. |

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| | | Recruitment to the newly created posts is now in planning. |
|---|---|---|
| • Prepare a final case for establishing a not for profit organisation delivering fee for service advisory and educational programmes, aligned to NICE's public task | • End of Q3 | • The Board agreed in June that the original proposal was not viable and to stand down planning for the proposed entity. |
| **Maintain a motivated, well-led and adaptable workforce** | **Delivery date** | **Progress update** |
| • Ensure that all staff have clear objectives supported by personal development plans | • End of Q1 | • Each directorate has an individual business plan and that is cascaded into individual objectives which links to the annual appraisal and informs personal development plans. |
| • Actively manage staff engagement and morale with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2018 level | • End of Q1 | • The annual staff survey achieved our highest-ever completion rate of 85%. The proportion of staff who consider NICE is a good, very good or excellent place to work remained consistent with the previous year's result at 94%. The results are used to form organisational and directorate action plans, supported by HR. The results and organisational action plan were presented to the Board at its September meeting. |
| • Implement the actions set out in the workforce strategy, including mapping out career paths for key roles, including increasing opportunities for apprenticeships, and defining the behaviours expected of a manager at NICE | • End of Q2 | • We have introduced leadership and management apprenticeships at levels 3, 5 and 7 (MBA level) and are developing graduate opportunities in a range of areas.<br>• We will be introducing organisational values and behaviours for managers in the coming months. |

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| • Work with the Department of Health and Social Care to secure the future London office accommodation, and begin planning for the move to take place in the summer of 2020 | • End of Q3 | • Planning for the move to Stratford in November 2020 is progressing. The project is complex as 5 ALBs are sharing the floorplate. A project consultant and project management resource have developed a governance structure, RAID log, project board and working groups.<br><br>• We are currently working through shared IT and facilities solutions and some residual floor plate design issues. |
| • Develop and implement a programme of improvements for the Manchester office to ensure best use of the space available | • End of Q2 | • Space planning services have been engaged and staff consulted. A proposal has been developed and, subject to funding, work will commence in 2020/21. |

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# Appendix 2: Extracts from the Directors' reports

| Director | Featured section | Section/ reference |
|---|---|---|
| **Health and social care** | The NICE Connect business plan for 2020/21 has been drafted and meetings are being held with Senior Management Team (SMT) expert group leads to refine it. Further detail is now being included to take into account the January discussions. An SMT time out session was held in December to provide strategic input to the planning process including the approach to change, strategies for guideline development and digital, the people, resources and governance unit, priority recruitment and external challenge. | Para 25 |
| **Guidelines** | The guideline on cannabis-based medicinal products was published on 18 November. The guideline made a number of research recommendations, including the clinical and cost effectiveness of CBD alone and in combination with THC for severe treatment-resistant epilepsy. Centre staff are working with colleagues in the observational data unit to help inform the research being supported by NHS England and NIHR into cannabis-based medicinal products, to facilitate alignment with our research recommendations. | Para 14 |
| **Health technology evaluation** | In November 2019 the programme published two pieces of guidance. Three of the technologies included in the assessment of point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast (DG37) are recommended for adoption provided certain conditions are met. None of the technologies included in the assessment of rapid tests for group A streptococcal infections in people with a sore throat (DG38) are recommended for routine adoption because their effect on improving antimicrobial prescribing and stewardship, and on patient outcomes, is likely to be limited. The guidance includes recommendations for further research which will support the broader AMR agenda. | Para 15 |
| **Evidence resources** | NICE is continuing to work with the Faculty of Clinical Informatics (FCI), BCS, HL7 UK and NHS Digital to support the Mobilising Computable Biomedical Knowledge (MCBK) | Para 17 |

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| | work in the UK.  This is concerned with representing guidelines in a way that decision support systems can unambiguously interpret and present them to decision makers. Specifically in addition to attending steering group planning sessions, NICE has supported a joint research submission to Health Data Research UK on this topic and has also drafted a proposal to the Department of Health and Social Care for a further research project to be submitted in January 2020. | |
| **Communications** | Work has begun on an Implementation study, to explore what NICE's implementation offer should look like going forward, as well as capturing key metrics to track changes over time. The project consists of four phases, the first of which is to 'understand the current landscape' to ensure we build on existing knowledge and understanding. We'll then run a series of interviews with key stakeholders to understand their needs and expectations for NICE's implementation offer, before running more explorative co-creation workshops and then a final quantitative survey. The team is part of the Connect User Insight Expert Group which will identify and plan for upcoming user insight needs in relation to NICE Connect. | Paras 9-10 |
| **Finance and workforce** | The HR team collaborated with CHTE and facilities to run an open evening aimed at people interested in learning more about the work we do and networking with peers and NICE employees, and particularly to learn about our masters graduate programme for aspiring health economists. NICE staff gave a behind-the-scenes tour of health technology assessment, followed by opportunities for networking and questions. The event was promoted through universities and social media and attracted more than 50 delegates who were highly engaged. 110 people registered their interest in the event, who will be offered a digital pack of the presentations and links to key information, guidance and careers content. | Para 31 |

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# Appendix 3: Guidance development: variation against plan April - December 2019

| Programme | Delayed Topic | Reason for variation |
|---|---|---|
| | | |
| Clinical Guidelines | No variation against plan 2019-20 | |
| | 2 additional topics published in 2019-20, that were not planned for this financial year | Surgical site infections: prevention and treatment: Originally planned for 2018-19. Published April 2019 (Q1 2019-20).<br><br>Suspected neurological conditions: Originally planned for 2018-19. Published May 2019 (Q1 2019-20). |
| Interventional procedures | 5 topics delayed | Reducing the risk of transmission of Creutzfeldt–Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues: A resolution request (challenge against the proposed guidance) was received. Guidance due to publish in January 2020 (Q4 2019-20).<br><br>Pressurised intraperitoneal aerosol chemotherapy for peritoneal carcinomatosis: Resolution request received. The IP topic will be re-discussed at Committee. Publication date is to be confirmed.<br><br>Selective internal radiation therapy for non-resectable colorectal metastases in the liver: The IP was rescheduled because the committee was not quorate. Scheduled to publish in February 2020 (Q4 2019-20).<br><br>Fetal surgery for myelomeningocele: The IP was rescheduled due to delays in preparing the committee documentation. Scheduled to publish in January 2020 (Q4 2019-20).<br><br>Balloon cryoablation for Barrett's oesophagus or squamous dysplasia of the oesophagus: Resolution request received. Next steps to be confirmed. Publication date is to be confirmed. |

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| Programme | Delayed Topic | Reason for variation |
|---|---|---|
| | | |
| Medical technologies | No variation against plan 2019-20 | |
| Public Health | 1 topic delayed | Indoor air quality at home: Publication was delayed at the request of Public Health England to align with other, related public health initiatives. Guideline published in January 2020 (Q4 2019-20). |
| Quality Standards | 1 topic delayed | School based interventions: Delayed due to the Department of Health and Social Care's request to seek approval from Department for Education minister(s). Publication now anticipated by the end of Q4 2019-20. |
| Diagnostics | 1 topic delayed | Implantable cardiac monitors (BioMonitor 2-AF, Confirm Rx insertable cardiac monitor and Reveal LINQ Insertable Cardiac Monitoring System) to detect atrial fibrillation after cryptogenic stroke: The final guidance for this topic was originally scheduled to publish in September 2019. Consideration of the evidence has absorbed significant committee time. The earliest anticipated publication date is now March 2020 (Q4 2019-20). |
| Technology Appraisals | No variation against plan 2019-20 | |
| | 9 additional topics published in 2019-20, that were not planned for this financial year | Cabozantinib for previously treated advanced hepatocellular carcinoma: Published as a terminated appraisal in May 2019 (Q1 2019-20). Bosutinib for untreated chronic myeloid leukaemia: Published as a terminated appraisal in April 2019 (Q1 2019-20). Brentuximab vedotin for untreated advanced Hodgkin lymphoma: Published as a terminated appraisal in August 2019 (Q2 2019-20). Lenalidomide with bortezomib and dexamethasone for untreated multiple myeloma: Published as a terminated appraisal in September 2019 (Q2 2019-20). |

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| Programme | Delayed Topic | Reason for variation |
|---|---|---|
| | | |
| | | Pomalidomide with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma: Published as a terminated appraisal in September 2019 (Q2 2019-20).<br><br>Bezlotoxumab for preventing recurrent Clostridium difficile infection: Published as a terminated appraisal in September 2019 (Q2 2019-20).<br><br>Ramucirumab for treating unresectable hepatocellular carcinoma after sorafenib: Published as a terminated appraisal in October 2019 (Q3 2019-20).<br><br>Ibrutinib with rituximab for treating Waldenstrom's macroglobulinaemia: Published as a terminated appraisal in October 2019 (Q3 2019-20).<br><br>Cladribine for treating relapsing–remitting multiple sclerosis: This guidance was updated and re-issued earlier than the scheduled review date. Published in December 2019 (Q3 2019-20). |
| Highly Specialised Technologies (HST) | No variation against plan 2019-20 | |
| Social Care | No variation against plan 2019-20 | |
| Managing Common Infections | 1 topic delayed | Leg ulcer infection: antimicrobial prescribing: priority was give to the completion of the guidance on C.Difficile, which meant that the leg ulcer guidance was rescheduled to February, rather than December, to accommodate this. Publication date is to be confirmed. |

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# Appendix 4:  Guidance published since the Board meeting in November 2019

| Programme | Topic | Recommendation |
|---|---|---|
| **Clinical Guidelines** | Diverticular disease: diagnosis and management | General guidance |
| | Thyroid disease: assessment and management | General guidance |
| | Cannabis-based medicinal products | General guidance |
| | Fever in under 5s: assessment and initial management | General guidance |
| | Acute kidney injury: prevention, detection and management | General guidance |
| **Interventional procedures** | Irreversible electroporation for primary liver cancer | Research only |
| | Balloon dilation for chronic eustachian tube dysfunction | Standard |
| **Medical technologies** | gammaCore for cluster headache | Case for adoption supported |
| **Diagnostics** | Point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast | Part positive guidance |
| | Rapid tests for group A streptococcal infections in people with a sore throat | Not recommended |
| **Public Health** | Workplace health: long-term sickness absence and capability to work | General guidance |
| **Managing Common Infections** | No publications | |
| **Social care** | No publications | |
| **Quality Standards** | Lung cancer in adults | Sentinal markers of good practice |

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| Programme | Topic | Recommendation |
|---|---|---|
| **Technology Appraisals** | Pentosan polysulfate sodium for treating bladder pain syndrome | Optimised |
| | Rucaparib for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer | Optimised |
| | Neratinib for extended adjuvant treatment of hormone receptor-positive, HER2-positive early stage breast cancer after adjuvant trastuzumab | Optimised |
| | Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy | Not recommended |
| | Cannabidiol with clobazam for treating seizures associated with Dravet syndrome | Optimised |
| | Cannabidiol with clobazam for treating seizures associated with Lennox–Gastaut syndrome | Optimised |
| | Cladribine for treating relapsing–remitting multiple sclerosis | Optimised |
| **Highly Specialised Technologies (HST)** | No publications | |
| **Medtech Innovation Briefings (MIB)** | AmnioSense for unexplained vaginal wetness in pregnancy | Summary of best available evidence |
| | Leukomed Sorbact for preventing surgical site infection | Summary of best available evidence |
| | PulmoVista 500 for monitoring ventilation in critical care | Summary of best available evidence |
| | LQD Spray for treating acute and chronic wounds | Summary of best available evidence |

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| Programme | Topic | Recommendation |
|---|---|---|
|  | eXroid for internal haemorrhoids | Summary of best available evidence |
|  | PIUR tUS for abdominal aortic aneurysm surveillance and endovascular aneurysm repair endoleak detection | Summary of best available evidence |
|  | Optowire for measuring fractional flow reserve | Summary of best available evidence |
| **Guidance Surveillance Reviews** | NG23 Menopause: diagnosis and management | Partial update |
|  | NG20 Coeliac disease: recognition, assessment and management | No update |
|  | NG10 Violence and aggression: short-term management in mental health, health and community settings | Full update |
|  | CG173 Neuropathic pain in adults (exception review) | Partial update |
|  | CG164 Familial breast cancer (exception review) | No update |
|  | NG126 Ectopic pregnancy and miscarriage (exception review) | Partial update |
|  | PH36 Healthcare-associated infections: preventions and control | No update |

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| Programme | Topic | Recommendation |
|---|---|---|
| | CG97 Lower UTI symptoms in men: management | Partial update |
| | CG124 Hip fracture: management | Partial update |

**Key to recommendation types**

**Guidelines (clinical, social care and public health):**
General guidance: NICE guidelines each cover a range of practice and interventions, with recommendations ranging from 'must do' (where compliance with legislation is required) and 'should do' (where there is strong evidence of effectiveness), to 'don't do', where compelling evidence that an intervention is ineffective or harmful has been identified.

**Interventional Procedures:**
Interventional procedures offer advice about the safety and effectiveness of surgical techniques and some other kinds of procedures. Advice normally relates to the kind of consent (normal or special) required from patients before the procedure is undertaken, but in a small number of cases, where major safety concerns have been identified, a 'do not use' recommendation is made.

**Medical technologies:**
Guidance on new medical technologies (medical devices) is normally framed in terms of whether or not the case for use in the NHS has been successfully made by the manufacturer.

**Diagnostics guidance:**
New diagnostic techniques are recommended or not recommended for routine use in the NHS, or sometimes for research.

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**Management of common infections:**
These guidelines help the NHS make the best use of antibiotics, as part of the broader antimicrobial stewardship effort.

**Quality standards:**
The statements in our Quality Standards identify important aspects of practice in which there is significant variation across the NHS.

**Technology appraisals and highly specialised technologies:**
This guidance can 'recommend' the use of a new drug or other treatment, 'optimised use', in which the recommendation is positive for some but not all uses, or 'not recommend' routine use in the NHS. Research only use is also sometimes recommended. Positive recommendations are subject to a legal funding requirement.

**Evidence summaries and medtech innovation briefings:**
Both publications provide information (but not guidance) about a particular topic.

**Surveillance reviews:**
Provide the basis for decision about whether to update current NICE guidance.

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# Appendix 5: Science, Advice and Research Programme progress report

## NICE Scientific Advice

8.  NICE Scientific Advice (NSA) has had a strong two months, securing several new projects and further strengthening the pipeline for Q4. The programme is still on track to recover all its costs and make a full contribution to the NICE overheads at year end. The team began business planning for the 2020/21 financial year and the process for reintegration with the Centre for Health Technology Evaluation. The team has conducted some market research with META Tool stakeholders, the results of which will feed into a longer-term strategy paper expected in early 2020.

9.  During November and December 2019, NSA initiated 17 individual advisory projects, including 4 concurrent advice projects, 3 express projects and 4 META Tool consultations. NSA and University of Manchester have also started planning for a further 6 projects supporting UK-based digital health technology companies as part of the Innovate UK Digital Health Technology Catalyst competition. An additional 10 advisory projects have been confirmed with contracts in the process of being signed, as well as a further 6 ongoing enquiries for projects starting later in the year.

10. The NICE International team received 23 new enquiries, and delivered 11 international engagements, including hosting a 3-day knowledge transfer visit by the Brazilian Ministry of Health. Other international engagements included the provision of quality assurance advice on proposals for the work of the Prosperity fund Better Health Programme in South Africa and delivering tailored seminars to a number of delegations from South America, China, South Africa, the Philippines and The Netherlands. A further 18 enquiries are currently in progress or are yet to be confirmed, including a consultancy project providing advisory work on the proposals to create a HTA agency in Brazil, further engagements with Colombia following the workshops in October, and a further series of HTA workshops have been proposed in Mexico, Costa Rica, Panama and Dominican Republic in 2020. Work with the Centre for Guidelines on potential guideline contextualisation projects for Egypt, Saudi Arabia and Cyprus is also ongoing. The team re-launched the NICE International brand in November and are looking to hold a launch event for stakeholders in 2020.

## Science Policy and Research

11. The Science Policy and Research programme continues to deliver activity to several grant funded projects in a variety of topic areas aligned to NICE's research priorities. Recent highlights include:

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### The GetReal Initiative

12. NICE has a leading role in the GetReal Initiative, an Innovative Medicines Initiative funded project, to establish and lead a real-world evidence Think Tank, comprising 23 international thought leaders in this area. The Think Tank will serve as a forum that will discuss, assess and give recommendations on the opportunities and barriers to the generation, use and acceptability of real-world evidence in the context of regulation and HTA. The first Think Tank meeting was held in September 2019, in which the international experts provided their views on strategic aims for the GetReal Initiative beyond the completion of the project in 2020. Subsequent activity will focus on consolidating the Think Tank's role in the area of real-world evidence, with an emphasis on identifying topics for methods and policy development which could benefit from a pan-stakeholder, multi-national approach. Our learnings from the project will benefit NICE's methods work, particularly the work of the 'Sources and Synthesis of Evidence' Task and Finish group work in CHTE 2020 and various Data and Analytics activities.

### ERA4TB – a European Regimen Accelerator for Tuberculosis

13. NICE formally joined a new consortium, ERA4TB, on 1 January 2020. Its main objective is to create a European open platform to accelerate the development of new regimens for the treatment of tuberculosis. The consortium will do this through a new community-focused platform on tuberculosis translational research and knowledge integration. During the project, NICE will act as an interface with key stakeholders, mainly HTAs, regulatory authorities and patients, to maximise uptake and impact of ERA4TB's results. The project activity will complement NICE's ongoing work in the area of antimicrobial resistance.

### Histology independent cancer drugs

14. Alongside other science policy work, SP&R has supported NICE's activity on histology independent cancer drugs by considering the application of the end-of-life criteria for histology-independent indications and through activity under the Accelerated Access Collaborative. A manuscript that explores the challenges histology-independent cancer drugs pose for health technology assessment has been published in the BMJ.

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# Appendix 6:  Balanced Scorecard: April - December 2019

## Delivering services and improvements

| Development and publication of guidance and evidence outputs (as specified in Business Plan) | | | | | | |
|---|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Actual To End Q3** | **Cumulative performance** | **RAG status** |
| Publish 3 public health guidelines | Publication within stated quarter | 80% | 3 | 2 | 67% | **Amber** |
| Notes: <br> 1 topic delayed: <br> • Indoor air quality at home - Publication was delayed at the request of Public Health England. Guideline published in January 2020. | | | | | | |
| Publish 23 clinical guidelines | Publication within stated quarter | 80% | 19 | 21 | 111% | **Green** |
| Publish 6 managing common infections guidelines | Publication within stated quarter | 80% | 5 | 4 | 80% | **Green** |
| Publish 1 social care guidelines | Publication within stated quarter | 80% | 0 | 0 | 100% | **Green** |
| Publish 78 technology appraisals or highly specialised technologies guidance | Publication within stated year | 80% | 38 | 48 | 126% | **Green** |
| Publish 32 interventional procedures guidance | Publication within stated quarter | 80% | 26 | 21 | 81% | **Green** |
| Publish 6 diagnostics guidance | Publication within stated quarter | 80% | 5 | 4 | 80% | **Green** |
| Publish 7 medical technologies guidance | Publication within stated year | 80% | 4 | 4 | 100% | **Green** |
| Publish 38 medtech innovation briefings (MIBs) | Publication within stated year | 80% | 27 | 24 | 89% | **Green** |

| Development and publication of guidance and evidence outputs (as specified in Business Plan) | | | | | | |
|---|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Actual To End Q3** | **Cumulative performance** | **RAG status** |
| Deliver up to 38 commercial and up to 17 managed access briefings for NHS England to support discussions with companies, including 'Patient Access Schemes' | Publication within stated year | 80% | 12 Managed agreements (MAAs) published

28 Patient Access Scheme (PAS) final advice sent to NHS England | 13 MAAs published in total

29 PAS sent to NHS England

Additionally - 15 Commercial Briefings sent to NHS England Sept-Dec 2019 | 105% | **Green** |
| Note:
Commercial Liaison (PASLU) became responsible for developing commercial briefings for NHS England from September 2019. | | | | | | |
| Deliver up to 4 commissioning support programme topics to NHS England | Submission to NHS England Clinical Panel within stated quarter | 80% | 4 | 4 | 100% | **Green** |
| Manage portfolio of up to 3 evaluative commissioning projects for NHS England | Submission to NHS England Clinical Panel within stated quarter | 80% | 2 active projects | 2 active projects | 100% | **Green** |

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| Development and publication of guidance and evidence outputs (as specified in Business Plan) | | | | | | |
|---|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Actual To End Q3** | **Cumulative performance** | **RAG status** |
| | | | 1 project submission | 1 project submission | | |
| Publish 52 guidance surveillance reviews | Publication within stated quarter | 80% | 36 | 42 | 117% | **Green** |
| Deliver up to 4 evidence summaries – antimicrobial prescribing | Publish within year | 80% | 0 | 2 | 200% | **Green** |
| Deliver up to 10 evidence reviews for NHSE specialised commissioning | Delivery to NHS England within year | 80% | 0 | 2 | 200% | **Green** |
| Deliver 8 quick guides for social care | Publication within year | 100% | 6 | 6 | 100% | **Green** |
| Deliver 16 quality standards | Publication within stated quarter | 80% | 10 | 9 | 90% | **Green** |
| Deliver 1 indicator set | Publication within year | 100% | 1 | 1 | 100% | **Green** |
| Deliver 30 endorsement statements | Publication within stated quarter | 80% | 23 | 21 | 91% | **Green** |
| Deliver 50 shared learning examples | Publication within stated quarter | 80% | 30 | 34 | 113% | **Green** |
| Publish 12 monthly updates of the BNF and BNF C content | Publication within stated quarter | 80% | 9 | 9 | 100% | **Green** |
| Deliver a regular medicine awareness service (50 MAWs) | Publication to regular schedule | 90% | 40 | 39 | 98% | **Green** |
| Deliver update of 16 medicines optimisation key therapeutics topics | Publication within stated quarter | 80% | 0 | 16 | 1600% | **Green** |
| Deliver 24 medicines evidence commentaries | Publication within stated quarter | 80% | 18 | 15 | 83% | **Green** |

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| Development and publication of guidance and evidence outputs (as specified in Business Plan) | | | | | | |
|---|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Actual To End Q3** | **Cumulative performance** | **RAG status** |
| Deliver 7 IAPT (Improving Access to Psychological Therapies) assessment briefings | Publication within stated quarter | 80% | 7 | 8 | 114% | Green |

## Adoption and impact

| Provision of support products for the effective implementation of guidance | | | | | | |
|---|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Actual To End Q3** | **Cumulative performance** | **RAG** |
| Publish resource impact products to support all NICE guidelines, positively recommended technology appraisals, medical technologies and diagnostics guidance at the point of guidance publication | Provide within year | 90% | 90% | 98% | 98% | Green |
| Maintaining and developing recognition of the role of NICE | | | | | | |
| Coverage of NICE in the media | % of positive coverage of NICE in the media resulting from active programme of media relations | 80% | 80% | 81% | 81% | Green |

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## Operating efficiently

| Delivering programmes and activities on budget | | | | | |
|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Planned To End Q3** | **Cumulative performance** | **RAG** |
| Effective management of financial resources | Revenue spend | To operate within budget | 2019/20 budget for the period April – December 2019 was £37.3m. | Net YTD spend was £35.4m. This was a net under spend of £1.9m (5%) and is mainly due to vacant posts and income being ahead of plan. | **Green** |
| Effective management of non-exchequer income | Net income received from non-exchequer income sources (including Scientific Advice, Office for Market Access, research grants, knowledge transfer) measured against business plan targets | 90% | The business plan income target was to receive £5.0 year-to-date (YTD) from non-exchequer sources. | The year-to-date income recognised is £5.2m so we are currently ahead of target. | **Green** |

| Maintaining and developing a skilled and motivated workforce | | | | |
|---|---|---|---|---|
| **Outputs** | **Measure** | **Target** | **Cumulative performance** | **RAG** |
| Management of recruitment | Proportion of posts appointed to within 4 months of first advertisement | 80% | 95% | **Green** |
| Management of sickness absence | Quarterly sickness absence rate is lower than the average rate (3.33% as at January 2018) across the | 3.33% | 2.13% | **Green** |

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| | | | | |
|---|---|---|---|---|
| | Specialist Health Authorities and other Statutory Bodies | | | |
| Staff satisfaction | Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index) | 80% | 94% | **Green** |
| Staff involvement | Hold monthly staff meetings | 80% | 100% | **Green** |
| Staff well-being | Implementation of NICE's quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff | 80% of quality statements | 83% | **Green** |
| **Sustainable development** | | | | |
| Recycled waste | % of total waste recycled | 90% | 100% | **Green** |
| **Improving stakeholder satisfaction** | | | | |
| Improved satisfaction | Complaints fully responded to in 20 working days | 80% | 100% | **Green** |
| Improved satisfaction | Enquiries fully responded to in 18 working days | 90% | 81% | **Amber** |
| Notes: <br> Between October 2018 and March 2019 capacity within the enquiry handling team was significantly impacted by long term sickness and vacancies in key posts, including management capacity. During the same period the team saw significant campaigning activity on a number of high-profile topics. The remaining team members were also required to contribute to development of a new CRM system to manage the team's workload. This combination resulted in a backlog of enquiries which has impacted the year's performance. Following successful recruitment to vacant posts, the trend in performance since Q4 2018-19 is positive and continues to improve, in December 2019 we met the 90% target. We expect this improvement to continue through Q4 and into 2020-21. | | | | |
| Improved satisfaction | Number of Freedom of Information requests responded to within 20 working days | 100% | 99% | **Amber** |
| Notes: <br> In Q2, one FOI was answered on day 21 due to delays in the team receiving the information and sign off. | | | | |
| Improved satisfaction | Parliamentary Questions contribution provided within requested timeframe | 90% | 100% | **Green** |
| Ensuring stakeholders have access to our websites as the main communication channel | Percentage of planned availability, not including scheduled out of hours maintenance | 98% | 99.99% | **Green** |

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| Outputs | Measure | Target | Planned Q1 to Q3 | Actual Q1 to Q3 | Cumulative performance | RAG |
|---|---|---|---|---|---|---|
| Interest in opportunities for lay people to sit on our advisory reflected by ratio of applications to positions | 2 to 1 (or greater) each quarter | 100% | 2:1 | 6.9:1 | 345% | **Green** |

| Improving efficiency and speed of outputs | | | | | |
|---|---|---|---|---|---|
| **Outputs** | **Measure** | **Annual target** | **Cumulative performance** | **RAG** |
| Speed of production | % STAs for all new drugs issuing an ACD or FAD within 6 months of the product being first licensed in the UK | 90% | 86% | **Amber** |
| Notes: Sotagliflozin with insulin for treating type 1 diabetes [ID1376]: Committee was unable to come to a decision at the first appraisal committee meeting in July 2019 and requested further analyses. The Appraisal Consultation Document was not released at that time but if it had been released this topic would have met the KPI. Following the second appraisal committee meeting the Final Appraisal Document was released in November 2019 (7 months after product being licensed in the UK). | | | | |
| Speed of production | % of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks | 85% | 100% | **Green** |
| Speed of production | % of Appeal Panel decisions received within 3 weeks of the hearing | 80% | 100% | **Green** |

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**RAG Status  Key**

| | |
|---|---|
| Green | Greater than or equal to annual target |
| Amber | Between 50% and less than annual target |
| Red | Less than 50% of annual target |

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# National Institute for Health and Care Excellence

# Finance and Workforce Report

This report gives details of the financial position as at 31 December 2019 and the current forecast outturn for 2019/20. The report also includes information on Technology Appraisal (TA) and Highly Specialised Technologies (HST) income generated through cost recovery charging and an update on workforce matters.

The Board is asked to receive the report.

Catherine Wilkinson

Acting Director, Business Planning and Resources

January 2020

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# Position as at 31 December 2019

## Summary

1. Table 1 summarises the financial position as at 31 December 2019. There is a full analysis in Appendix A.

**Table 1: Year to Date Financial Position at 31 December 2019**

| Area | Year to date budget £m | Year to date expenditure £m | Year to date income £m | Year to date variance £m |
|---|---|---|---|---|
| **Guidance & Advice Centres** | 37.1 | 37.0 | (0.9) | (1.1) |
| **Corporate Functions** | 10.0 | 12.3 | (2.9) | (0.6) |
| **Income (non grant-in-aid)** | (9.8) | (0.1) | (10.0) | (0.3) |
| **Total** | **37.3** | **49.2** | **(13.9)** | **(2.0)** |

2. The table above shows a total underspend against budget of £2.0m (5%) at the end of December 2019.

3. Table 2 below gives an estimated outturn for 31 March 2020. The full-year forecast is an underspend of £1.5m (3%). This is a reduction from the current under spend position because of cost pressures expected later in the year relating to NICE Connect and preparations for relocating to a new office in London.

**Table 2: Estimated Outturn Financial Position at 31 December 2019**

| Area | Estimated outturn (March 2020) Budget £m | Estimated outturn (March 2020) Expenditure £m | Estimated outturn (March 2020) Income £m | Estimated outturn (March 2020) Variance £m |
|---|---|---|---|---|
| **Guidance & Advice Centres** | 49.7 | 49.7 | (1.2) | (1.1) |
| **Corporate Functions** | 13.4 | 17.0 | (3.9) | (0.3) |
| **Income (non grant-in-aid)** | (14.1) | (0.1) | (14.1) | (0.1) |
| **Total** | **48.9** | **66.7** | **(19.2)** | **(1.5)** |

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## Financial Position as at 31 December 2019

4. Table 3 summarises the year to date financial position as at 31 December 2019 split between pay, non-pay and income.

**Table 3: Year to date Financial Position by spend category (December 2019)**

| Type of cost | Budget £000's | Outturn £000's | Variance £000's |
|---|---|---|---|
| Pay | 29,034 | 28,044 | (990) |
| Non pay | 21,458 | 21,198 | (260) |
| Income | (13,158) | (13,875) | (717) |
| Total | 37,334 | 35,367 | (1,967) |

5. Table 3 above shows total net expenditure to 31 December 2019 was £35.4m against a budget of £37.3m, giving an underspend of £2.0m (5%). The underspend comprised of:

- £1.0m pay underspend due to vacancies and staff turnover across the organisation.

- £0.3m non-pay underspend relating to lower than expected depreciation costs, contractual expenditure in the MedTech Evaluation programme and Digital Services non-pay expenditure.

- £0.7m income in excess of target relating to: the Science Advice and Research directorate, additional activity commissioned by NHS England during the year and fees from charging for Technology Appraisals being ahead of plan due to the phasing of topics.

6. Appendix A shows in detail the financial position and forecast outturn by centre and directorate. Directors receive detailed monthly reports on the budget performance of their directorates and the senior management team receive a finance report detailing the summary position and any issues on a bi-monthly basis.

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## Pay and resourcing

7. Pay expenditure to 31 December 2019 was £28.0m against a budget of £29.0m, resulting in an underspend of £1.0m. The distribution across the centres is shown in table 4:

**Table 4: Year to date Pay Figures by Centre**

| Centre / Directorate | Budget £000 | Expenditure £000 | Variance £000 | *Variance %* |
|---|---|---|---|---|
| **Centre for Guidelines** | 4,997 | 4,741 | (256) | *(5%)* |
| **Centre for Health Technology Evaluation** | 6,935 | 6,736 | (199) | *(3%)* |
| **Health & Social Care** | 6,017 | 5,920 | (98) | *(2%)* |
| **Evidence Resources** | 4,127 | 3,865 | (261) | *(6%)* |
| **Science Advice and Research** | 1,733 | 1,613 | (120) | *(7%)* |
| **Business Planning & Resources** | 2,275 | 2,348 | 73 | *3%* |
| **Communications** | 2,817 | 2,703 | (113) | *(4%)* |
| **NICE Connect** | 133 | 117 | (16) | *(12%)* |
| **Total** | **29,034** | **28,044** | **(990)** | **(3%)** |

8. During December the total number of vacancies was 34 whole time equivalents (wte), equal to a 5% vacancy rate. This has reduced from the 10% consistent vacancy rate in 2018/19. Current vacancies are mainly due to the timing delay between leavers and new starters.

9. There are currently 5 wte agency staff employed across the organisation with a total spend up to December 2019 of £218,000 (1% of total pay costs), this is an increase of 28% compared to the same period last year. The main reasons for this increase is the use of agency staff within the Business Planning and Resources directorate due to staff shortages in facilities and additional resource for the London office move and NICE Connect. Some of these roles have now been recruited to substantively.

## Non-pay

10. Non-pay budget under spends have contributed £0.3m to the current year to date underspend, this is mainly due to the following areas of under spend.

- MedTech External Assessment Centre contracts (£0.2m). This is due to lower than expected numbers of topics being run by the Observational Data Unit.

- Facilities underspend (£0.1m). This relates to lower than expected spend on external meeting room hire and prior year service charge credits relating to the Manchester Office.

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## Income

11. Income as at 31 December is £0.7m more than planned. Technology Appraisal and Highly Specialised Technologies charges, intellectual property and copyright license income are all ahead of plan and have exceeded their targets in the first 9 months of the year. £93,000 relates to additional funding received from NHS England for the pilot evaluation of digital health technologies that was commissioned after the 2020/21 business plan was finalised. The funding is used to reimburse for CHTE staff time spent on the pilot.

12. Further details about Technology Appraisal income is included later in this report.

13. Table 5 below shows the financial position for the Science, Advice and Research Directorate split by pay, non-pay and income as at 31 December 2019 and the full year forecast outturn. The Directorate includes NICE Scientific Advice, NICE International and the Science Policy and Research Programme

**Table 5: Summary of Science, Advice and Research Directorate's Financial Position**

| Spend Category | Year to Date Budget £000's | Year to Date Actual £000's | Year to Date Variance £000's | Estimated outturn (March 2020) Budget £000's | Estimated outturn (March 2020) Outturn £000's | Estimated outturn (March 2020) Variance £000's |
|---|---|---|---|---|---|---|
| Pay | 1,733 | 1,613 | (120) | 2,325 | 2,166 | (159) |
| Non-Pay | 276 | 253 | (23) | 368 | 383 | 15 |
| Income | (2,007) | (2,154) | (147) | (2,671) | (2,935) | (265) |
| Total | 2 | (288) | (290) | 22 | (387) | (408) |

14. The year to date financial position shows a surplus of £290,000. This is due to an over recovery of income of £147,000, a £120,000 underspend on pay due to vacancies across the directorate and £23,000 underspend on non-pay. The income surplus is primarily due to higher than anticipated income generated by Scientific Advice (£133,000) as a result of increased activity and demand for services and includes bespoke projects undertaken in collaboration with NHS England and Innovate UK.

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## Forecast Outturn

15. The overall current full year forecast is an underspend of £1.5m. Non-recurrent underspends relating to vacancy savings and non-pay reductions are being used to offset costs relating to the NICE Connect transformation programme.

16. The summary financial position analysed by directorate is shown in Appendix A. The Centre for Health Technology Evaluation (CHTE) has a total forecast underspend of £0.6m which is wholly attributable to the flexible element of the MedTech External Assessment Centre contract as mentioned above and vacancies across the Centre. The non-recurrent pay underspends are being used to offset the likely increased pay costs within CHTE in the latter part of the year relating to Technology Appraisal expansion plans funded by cost recovery income.

17. Significant pay underspends across the Centre for Guidelines (CfG) are contributing to a forecast outturn underspend of £190,000. The CfG is holding vacancies to optimise redeployment to support NICE Connect.

18. The Health and Social Care Directorate is forecasting an outturn underspend of £143,000 made up of £27,000 one-off non-recurrent income from the Royal College of General Practitioners relating to quality improvement module development work and £116,000 of pay underspends across the directorate.

19. Evidence Resources is now showing a break-even position as costs relating to the CRM implementation and Office 365 and SharePoint configuration and support are now being incurred. Vacancy underspends across the directorate are being used to offset this planned spend.

20. The Science, Advice and Research directorate is estimated to have an outturn surplus of £408,000. This is based on the prediction that the current income surplus will continue to build alongside the underspends associated with vacancies within the directorate. Any surplus from NICE Scientific Advice will be added to the existing reserve of £0.8m.

21. The final significant variation shown in Appendix A relates to potential cost pressures (£0.3m) which may materialise during the remainder of the year. These include:

    - Investment is required to update the IT infrastructure and other technology, including implementing recommendations made by external consultants in relation to data management and storage.

    - A need to make provisions in the accounts towards the end of the financial year for potential costs and liabilities arising from the London office move.

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# Technology Appraisals and Highly Specialised Technologies Charging

22. This report covers the position to 31 December 2019 which is the first 9 months of cost recovery charging regime for Technology Appraisal (TA) and Highly Specialised Technologies (HST). At 31 December 2019, 51 topics had started (that is, had their invitation to participate (ITP) notice) and are subject to charging; of these 44 were Single Technology Appraisals, 6 were Cancer Drugs Fund reviews and 1 was a Highly Specialised Technologies evaluation.

23. The planning assumption was that 78 topics would commence this financial year. This is equivalent to an average of 6-7 topics starting per month. Therefore, the number of topics expected to have started by 31 December 2019 is 59. The actual number of topics started is 51, slightly lower than predicted, however, the income recognised to date is higher than forecast due to the timing of ITP notices, with a higher than expected number of topics starting in April and May, with lower numbers of topics in the most recent quarter. It is expected that there will be peaks and troughs like this throughout the year, but this will be mitigated by the fact the income is recognised over the life of the appraisal (10-11 months) rather than when the invoice is raised.

24. The TA and HST income target for 2019/20 is £4.8m. The year to date income target is £2.8m with £2.9m of income recognised for the 51 topics that have started. These topics are expected to achieve £4.3m of income for 2019/20.

25. Chart 1 below shows that we are currently £0.1m ahead of target, although in recent months the in-month income has fallen short of the income target. At any point in time there are multiple TA and HST topics in the 'pipeline', some of which are in the scoping phase, some have been referred by DHSC but not yet had their ITP and others have started the appraisal process. Based on this information we expect the current full year forecast to be £4.65m.

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**Chart 1: Cumulative income to date and full-year forecast compared to 2019-20 budget (£m)**



Cumulative Income: Actual vs. Forecast (£m)
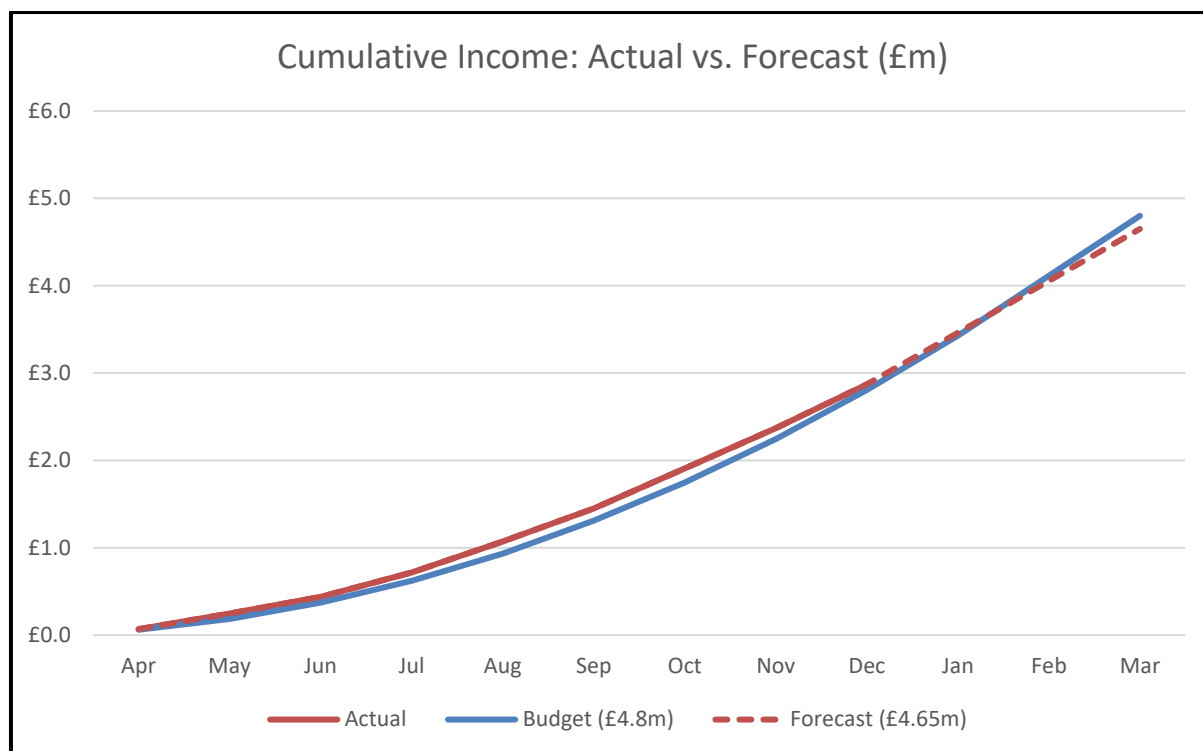
Download the data set for this table

26. At 31 December 2019, 78 topics had started the appraisal process and 51 of those are subject to charging (65%), with the balance of 27 relating to appraisals that began before 1 April 2019. As we move through 2019/20 the number and proportion of topics that have started and have been charged for will increase and conversely the number of topics that are residually funded by Grant-in-aid (GIA) will decrease.

27. It was agreed that small companies (as defined by the companies' act) will receive a 75% discount and have the option of paying in instalments. This means that we must fund 75% of the cost of a small company's appraisal from our GIA allocation. Our initial estimate was that around 10% of topics would be from a small company based on previous technology appraisals. Thus far 3 of the 51 TA and HST topics that have started this year have been from a small company, which is lower than expected.

28. During this launch phase, the CHTE topic selection and finance teams have continued to maintain good communication with companies regarding charging and payment has usually been received promptly. Debt management procedures and consideration of pausing topics have not been required.

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# Workforce

## Resourcing

29. The project to bring recruitment in house is progressing. The configuration of the new applicant tracking system is ongoing and the HR team are currently testing it with a small number of vacancies across NICE. New internal processes to support the new system and new ways of working are being developed.

30. A new recruitment and selection policy to support the new in-house service has been approved by the Joint Consultative Committee (JCC) and will be going to the SMT for consideration.

31. The HR team collaborated with CHTE and facilities to run an open evening aimed at people interested in learning more about the work we do and networking with peers and NICE employees, and particularly to learn about our masters graduate programme for aspiring health economists. NICE staff gave a behind-the-scenes tour of health technology assessment, followed by opportunities for networking and questions. The event was promoted through universities and social media and attracted more than 50 delegates who were highly engaged. 110 people registered their interest in the event, who will be offered a digital pack of the presentations and links to key information, guidance and careers content.

## Culture

32. A staff survey leads forum has been established to share learning and best practice in developing and implementing staff survey action plans. The group is meeting regularly and is already working well to support the staff survey leads in each area.

33. The Health and Wellbeing Strategy Group has developed a new, exciting programme for Healthy Work Week w/c 27 January, which draws on NICE guidance and quality standards and is based on the 5 Ways to Wellbeing. In response to feedback from previous years, there are additional sessions for high-demand activities such as Pilates, as well as creative art sessions. The historical walk will be around our new Stratford office to encourage our London-based staff to visit the site and learn about the local area.

34. A series of listening events have been held regarding staff induction. The data is being used to develop a new induction programme which will be tailored for different staff groups, including new line managers and people returning from long-term leave.

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## Appraisal process

35. We have held a series of appraisal focus groups to help us to improve our current approach to annual appraisals. The feedback will be incorporated into our revised training and new e-appraisal system to ensure appraisals are meaningful exercises for both staff and managers.

## Maximising potential

36. Following a successful pilot last year, the SMT has supported HR's proposal to continue to offer leadership and management qualifications at level 5 and level 7 (MBA) through the apprenticeship levy, using trusted colleges and universities.

37. HR have delivered mini masterclasses for managers on all the policies that have been introduced since 2018.  The HR team are undertaking a review of the evaluations from these sessions and are developing a new management development programme for 2020

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# Appendix A: Summary of Financial Position

The table below is a summary of the financial position per centre and directorate as at 31 December 2019 and gives an estimated outturn to March 2020.

| Centre / Directorate | Year to date budget £000's | Year to date actual £000's | Year to date variance £000's | *Year to date variance %* | Estimated outturn (March 2020) Budget £000's | Estimated outturn (March 2020) Outturn £000's | Estimated outturn (March 2020) Variance £000's | *Estimated outturn (March 2020) Variance %* |
|---|---|---|---|---|---|---|---|---|
| Income from other ALBS, Devolved Administrations and other miscellaneous income | (7,004) | (7,214) | (210) | *3%* | (9,270) | (9,510) | (240) | *3%* |
| Income from TA and HST cost recovery | (2,775) | (2,870) | (95) | *3%* | (4,800) | (4,650) | 150 | *(3%)* |
| Centre for Guidelines | 13,176 | 13,062 | (114) | *(1%)* | 17,353 | 17,163 | (190) | *(1%)* |
| Centre for Health Tech Evaluation | 8,822 | 8,334 | (487) | *(6%)* | 11,830 | 11,228 | (602) | *(5%)* |
| Health & Social Care | 6,710 | 6,646 | (64) | *(1%)* | 8,957 | 8,814 | (143) | *(2%)* |
| Evidence Resources | 8,267 | 7,851 | (415) | *(5%)* | 11,054 | 11,047 | (7) | *(0%)* |
| Science, Advice and Research | 2 | (288) | (290) | *n/a* | 22 | (387) | (408) | *n/a* |
| Business Planning & Resources | 6,404 | 6,319 | (84) | *(1%)* | 8,570 | 8,619 | 50 | *1%* |
| Communications | 3,088 | 2,981 | (107) | *(3%)* | 4,120 | 3,998 | (122) | *(3%)* |
| NICE Connect | 158 | 163 | 6 | *4%* | 458 | 291 | (167) | *(37%)* |
| Potential cost pressures | | | 0 | | 0 | 300 | 300 | *n/a* |
| Depreciation | 488 | 382 | (106) | *(22%)* | 650 | 564 | (86) | *(13%)* |
| **Total** | **37,334** | **35,367** | **(1,967)** | **(5%)** | **48,943** | **47,477** | **(1,466)** | **(3%)** |

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# National Institute for Health and Care Excellence

# Working with Wales to implement NICE guidance

This paper summarises current engagement in the health, public health and social care sectors in Wales and outlines future objectives.

The Board is asked to receive the report.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

January 2020

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# Background

1.  Under the Government of Wales Act 1998 the Welsh Government is responsible for the provision of health and care services, including regulation and proposing legislation to the National Assembly.

2.  As a result, the policy context in Wales differs from England. A key policy driver is "A Healthier Wales". Published in 2018, it is a shared plan for health and social care which emphasises the importance of a whole systems approach to the provision of services and a move from treating patients to supporting people to stay well and live independently for as long as possible.

3.  A Healthier Wales is a continuation of an approach which has long emphasised the importance of joint working and the planned provision of services. This is reflected in the structure of the NHS. Seven health boards have responsibility for both the commissioning and provision of health services so commissioning has a different character to the commissioner/provider division in England. Additionally, 3 NHS trusts and 1 special health authority provide specialist services at a national level and there are a number of national bodies/groups including the All Wales Medicines Strategy Group (AWMSG), Health Technology Wales (HTW), Health Inspectorate Wales (HIW), Welsh Health Specialised Services Committee (WHSSC) and NHS Wales Shared Services Partnership (NWSSP) which are of relevance to NICE.

4.  By contrast, social care services are provided through a mixed market with 22 local authorities having responsibilities under Welsh legislation for commissioning and provision of services. Key national bodies include Social Care Wales, Care Inspectorate Wales (CIW) and the Association of Directors of Social Services Cymru (ADSS Cymru).

# NICE in Wales

5.  As an English non-departmental public body (NDPB) NICE's role and responsibilities are defined primarily by a service level agreement (SLA) with Welsh Government under Section 83 of the Government of Wales Act (2006). Over the years the scope of the SLA has gradually expanded and the current SLA, agreed in 2018, now covers all of NICE's guidance and products including, for the first time, the extension of the field team to include Wales. Welsh Government is a stakeholder and consultee for guidance development and a considerable number of individuals are members of various NICE committees or contribute as stakeholders or commentators on behalf of their organisations.

6.  NICE guidance has the same status in Wales as in England. Although account has sometimes to be taken of the differing legislative and policy context, there is

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an expectation by Welsh Government that health boards should take a systematic approach to the use of NICE guidance.

7. With respect to technology appraisal guidance (TAG), health boards are required to implement positive recommendations within 60 days of a final appraisal determination (FAD) being published. Although additional funding is available through the New Treatment Fund this is a considerably higher standard, with the exception of cancer drugs, than in England.

8. As an English NDPB the Welsh Language Standards do not apply to NICE. However, NICE does publish Welsh a language version of our 'information for the public' section for individual pieces of guidance. There is also a joint pilot project with Social Care Wales to produce a Welsh language version of one of the NICE social care quick guides.

9. An annual accountability review takes place between the NICE Chair and Chief Executive and the Minister for Health and Social Services.

## Supporting the implementation of NICE guidance before 2019

10. Prior to 2019 NICE did not have a formal responsibility to support the implementation of NICE guidance in Wales. However, over the years a number of mechanisms and initiatives have been established to support health boards and Welsh Government. These have included:

   - Support from the field team in England in responding to requests for help from health boards, for the national Prudent Healthcare initiative, establishing the NICE Liaison Group and holding regular liaison meetings with Welsh government.

   - Appointment of NICE fellows and scholars with interests in antimicrobial prescribing, patient involvement and implementation.

   - Appointment of NICE medicines prescribing associates supported by the medicines education team.

   - The Centre for Health Technology Evaluation (CHTE) has worked with national bodies and Welsh Government to facilitate participation in Pharmascan and HealthTech Connect and AWMSG's terms of reference are designed to complement CHTE's work.

   - NICE's Business Planning and Resources Directorate have worked with Welsh Government to support the procurement of the British National Formulary (BNF).

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# Supporting the implementation of NICE guidance from 2019 - a strategic approach

11. As part of the latest SLA, agreed in 2018 under section 83 of the Government of Wales Act, in 2018, the NICE field team extended its remit to formally cover Wales for the first time. An Implementation Facilitator (IF), took up post in January 2019 with the remit of establishing a strategic approach to the implementation of NICE guidance in health, public health and social care. An engagement programme has been developed and is in the process of being implemented. The key elements of the programme include:

- Establishing links with medical directors of all health boards and NHS trusts, supporting their organisations to support and develop systems and processes for the implementation of NICE guidance. Initial meetings have been held with all the medical directors following a presentation at the all Wales medical directors group.

- Setting up a Welsh NICE Health Network with clinical and governance representatives from all health boards and trusts. The remit of the network is to raise the profile of NICE in Wales, share learning and encourage a joint approach to implementation. The first meeting of the Network was held on 24 January 2020.

- Initiating conversations with NICE leads in health boards and trusts to understand current processes for the dissemination and implementation of NICE guidelines, supporting improvement and raising awareness of related support tools and resources. The Resource Impact team recently delivered a successful bespoke training session in Wales explaining how NICE estimate the cost or savings of NICE guidelines and what this means for planners, commissioners and service providers.

- Establishing relationships with system partners including Welsh Government, AWMSG, Improvement Cymru, Health Inspectorate Wales, Health Technology Wales and Public Health Wales. Initial discussions have been held with most organisations. This has already led to involvement in a number of national initiatives including the HIW review of maternity services and membership of HTW's Adoption Audit Task and Finish Group. HIW and NICE are currently drafting a memorandum of understanding.

- Raising the profile of NICE social care guidance in Wales as awareness is low. Good relationships have been established with Social Care Wales, ADSS Cymru and Wales Care Alliance. The recently published Guiding Principles for Managing Medication in the Domiciliary Care sector is

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informed by NICE guidance and quality standards and has been endorsed by NICE. Work is about to start with Social Care Wales on translating the NICE quick guide on delirium into Welsh. A first workshop has been held with Consultant Social Workers, with the support of the NICE Social Care Policy and Practice Support Manager.

- Linking with the medicines and prescribing associate network developed by the NICE medicines implementation consultant. Since 2018, the number of associates in Wales has increased from 3 to 7, based in 6 health boards, across primary and secondary care, with links to all health boards. NICE associates are members of the AWMSG, All Wales Prescribing Advisory Group and Interim Pathways Commissioning Group, providing a link between NICE and these all Wales decision-making bodies.

- Recruiting more NICE fellows and scholars to act as ambassadors for NICE and support the implementation of guidance and standards across Wales.

## Future Plans

12. In 2020/21, the intention is to continue to implement and consolidate the current engagement programme. Key objectives include:

- Developing the Welsh NICE Health Network to help organisations to work together, share learning and ideas to develop a systematic approach to support the implementation of NICE guidance across Wales.

- Working closely with social care organisations such as Social Care Wales, BASW Cymru and Wales School for Social Care Research to equip social workers with the skills to promote evidence enriched practice.

- Raising the profile of NICE in Wales through encouraging Welsh professional and user groups to participate in the development of NICE guidance by registering as stakeholders, commenting on consultations and joining guideline committees.

- Further improving the usability of NICE products in Wales by working closely with the NICE Resource Impact and Adoption and Impact teams to identify areas where tools and resources can be adapted to incorporate Welsh specific needs.

- Strengthening relationships with key stakeholders in Wales through monthly meetings with Welsh Government and bi-annual meetings with organisations including HTW, Health Education and Improvement Wales

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(HEIW), ABPI Cymru and the All Wales Therapeutics and Toxicology Centre (AWTTC).

- Communicating changes in Health Technology Assessment (HTA) processes to stakeholders in Wales and continuing to work closely with CHTE and AWMSG to join up the strategic planning, development and delivery of guidance in England and Wales, ensuring that NICE and AWMSG activities complement each other.

- Exploring the potential to develop a co-ordinated topic selection process with HTW.

- Working with HTW to continue to develop HealthTech Connect.

- Identifying priority areas for quality improvement, encouraging a "once for Wales" approach where this is appropriate.

- Delivering bespoke training on the use of NICE resources in Wales with partners such as HIW and CIW.

- Raising awareness and encouraging engagement with NICE Connect

- Supporting education through extending the Student Champion Scheme to Welsh Universities working with HEIW and the Council of Deans of Health in Wales to identify routes to teach students more about the value and limitations of evidence early on in their career.

# Conclusion

13. The Board is asked to receive the report.

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# National Institute for Health and Care Excellence

# NICE impact report: dementia

This report gives details of how NICE's evidence-based guidance contributes to improvements in dementia care.

It provides information about NICE's communication activity in relation to the previous impact report on lung cancer.

The Board is asked to review the NICE impact dementia report, note the actions proposed by the system support for implementation team and the communications activities.

Professor Gill Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

January 2020

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# Introduction

1.  The attached NICE impact report focuses on dementia and reviews the uptake of NICE guidance in this area. It covers: preventing or delaying the onset of dementia, referral diagnosis and care planning, hospital care, social care, supporting carers, with a spotlight on antipsychotic medicines.

# System support for implementation

2.  The system support for implementation team is currently reviewing the impact report and will consider how to address any implementation issues highlighted. Any proposed implementation and support activities will be presented to the Health and Social Care Senior Leadership Team as appropriate.

# Promoting NICE impact reports

3.  The last NICE impact report on lung cancer care was published on 25 November.

4.  The pre-election period ahead of the 12 December general election restricted our ability to carry out stakeholder engagement and other communications activities. We will therefore promote the report once the pre-election period is over.

## Working with partners and stakeholders

5.  Two stakeholder organisations contributed to the report: The Christie NHS Foundation Trust in Manchester and the Centre for Cancer Outcomes. We informed both organisations that the report had published and advised them that we were delaying communications activity until the pre-election period is over.

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# **NICE**impact
*dementia*

**NICE** National Institute for
Health and Care Excellence

# **NICE**impact *dementia*

Around 450,000 people in England aged 65 or older are diagnosed with dementia, with an additional 200,000 people estimated to be undiagnosed.

*This report highlights progress made by the health and care system in implementing NICE guidance. We recognise that change can sometimes be challenging and may require pathway reconfiguration. Additional resources such as training and new equipment may also be required.*

*We work with partners including NHS England and NHS Improvement, Local Government Association, the Association of Directors of Adult Social Services, the Care Providers Alliance and Public Health England to support these changes, and we also look for opportunities to make savings by reducing ineffective practice.*

# Why focus on dementia?

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

*Dementia is a term used to describe a range of cognitive and behavioural symptoms. Dementia can include memory loss, problems with reasoning and communication and change in personality. It can also include a reduction in a person's ability to carry out daily activities, such as shopping, washing, dressing and cooking.*

## 2
guidelines

## 1
quality standard

## 1
technology appraisal covering multiple medicines

## 1
adult social care quick guide

NICE published its first guideline on dementia in 2006 and in 2010 dementia was the focus of NICE's first quality standard, setting out priority areas for quality improvement in health and social care. An additional quality standard was produced in 2013 covering dementia: independence and wellbeing.

In June 2018 the **dementia** guideline was updated, covering the diagnosis and management of dementia, including Alzheimer's disease. Following this, both quality standards on dementia were updated into **1 standard**. This covers prevention and the assessment, management and support of people with dementia.

The **NHS Long Term Plan** has committed to deliver better support for people with dementia. Providing a more active focus on supporting people in the community, through enhanced community multidisciplinary teams and the application of the **NHS Comprehensive Model of Personal Care**.

We routinely collect data which give us information about the uptake of our guidance. To produce this report, we have worked with national partners to select those data which tell us about how NICE guidance might be making a difference in priority areas of dementia care. They also highlight areas where there is still room for improvement.

# Prevent or delay the onset of dementia

There is limited awareness among both the public and practitioners that the risk of developing vascular dementia or mixed dementia can be reduced, or the onset or progression delayed, through lifestyle changes. After Alzheimer's disease, vascular dementia is the most common type of dementia, accounting for up to **130,000** cases.

Vascular disease can be prevented, and so reductions in the number of people with vascular and mixed dementias may be expected to follow if risk factors are addressed.

Alzheimer's Research UK's 2018 survey, **Dementia Attitudes Monitor,** demonstrated that knowledge of the risk factors associated with dementia remain low. NICE's guideline on **dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset** and the **dementia** quality standard suggest interventions and programmes that promote behaviour change and awareness, such as NHS Health Checks and stop smoking services. These programmes encourage changes in behaviour in mid-life to prevent people developing dementia in later life.

## Risk factors in mid-life

NICE recommends that national organisations and local government departments that influence public health, should develop and support initiatives to reduce the risk of dementia by making it easier for people to:

- stop smoking
- be more physically active
- reduce their alcohol consumption
- adopt a healthy diet
- achieve and/or maintain a healthy weight

*Vascular dementia is caused by reduced blood supply to the brain due to diseased blood vessels. This can cause problems with memory, thinking or reasoning. Together these 3 elements are known as cognition. When these cognitive problems are bad enough to have a significant impact on daily life, this is known as vascular dementia. Mixed dementia is a combination of Alzheimer's disease and vascular dementia.*
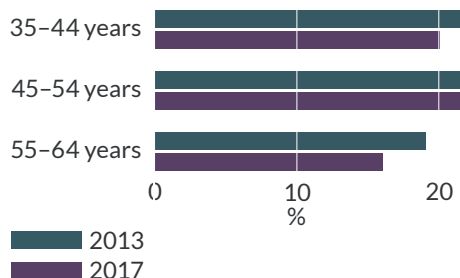


*The Alzheimer's Society's Dementia Friends programme is raising awareness of dementia in the wider population, with* **3 million** *dementia friends.*

**Health Education England** *is providing training in dementia to health and social care staff involved in the care of people who may have dementia.*
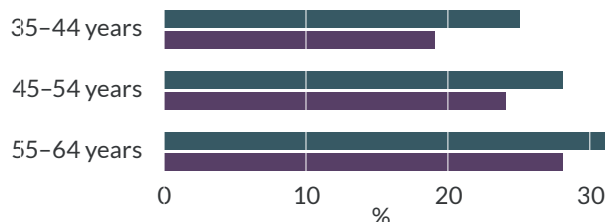
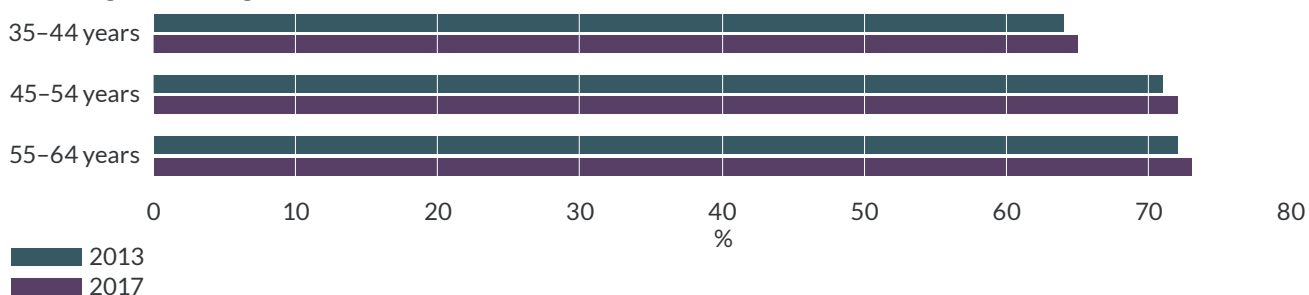**Data show overall small positive changes in cigarette smoking and alcohol consumption**

NHS Digital's **Health Survey for England** for 2013 and 2017 shows small positive changes across each age band for cigarette smoking and alcohol consumption.

**Current cigarette smoker**



**Alcohol consumption (increasing or higher risk)**



**Data shows the proportion of people overweight or obese is increasing**

The proportion of people who are overweight or obese has increased in the same period. This suggests that more needs to be done to encourage people to make healthier choices in mid-life.

**Overweight (including obese)**



Factors which influence change are linked to a range of behavioral and social issues. NICE's **behaviour change** guideline covers a set of principles that can be used to help people change their behaviour. These principles can help practitioners to encourage people to adopt a healthier lifestyle, which will contribute to reducing the risk of people developing vascular or mixed dementia.

# Referral, diagnosis and care planning

Referral to dementia specialist diagnostic services ensure that diagnosis is timely and accurate. Types of dementia can be identified which enables people to access tailored support and treatment sooner.

*The* **Health Innovation Network** *designed a dementia case-finding tool to help identify and diagnose dementia in residential and nursing homes in South London. The Dementia Assessment Referral to GP tool supports care workers in care home settings to identify people who are showing signs of dementia or confusion and helps them refer to the GP or healthcare professional for review. This supports NICE's quality statement on 'people with suspected dementia are referred to a memory assessment service'.*

*Care workers completed 23 case-finding tools during the feasibility study. On review, clinicians diagnosed 12 (52%) people with unspecified dementia and referred three (13%) people to memory services. Five (22%) people were found by the clinicians already to have a diagnosis which was unknown to the care homes. More information is available in a NICE* **shared learning example***.*

Timely diagnosis helps the person and their family and carers to know what to expect so that they can consider future mental capacity and make plans early. Referral, diagnosis and advance care planning are included in our guideline on **dementia** and our **dementia quality standard**.

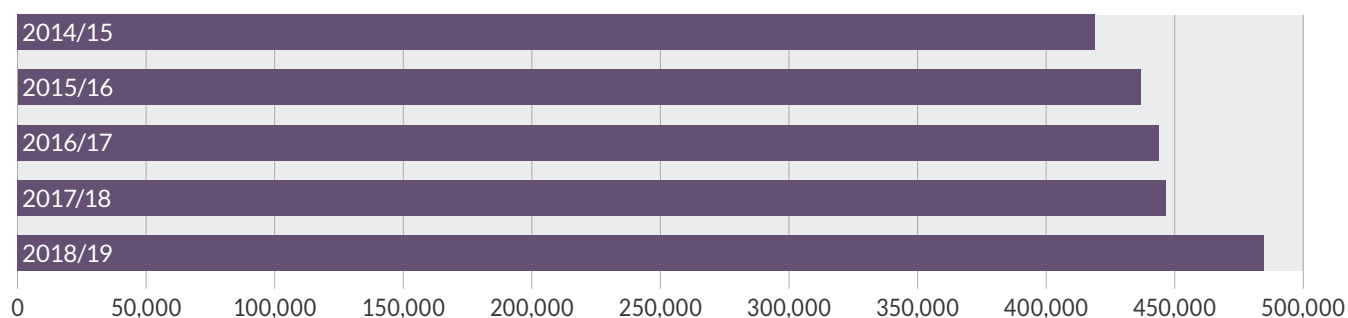## Referral for suspected dementia

To ensure an accurate diagnosis NICE recommends that a person with suspected dementia should be referred to a specialist dementia diagnostic service. Between **April 2018** and **April 2019** NHS Digital data shows an increase in the number of GP assessments for dementia, GP initial memory assessments and referrals to a memory clinic from GP practices.

In hospitals, most people aged 75 and over with suspected dementia receive an assessment and go on to have specialist referral where required. Ninety-two per cent of emergency admissions to hospital, in people over the age of 75, were **assessed for dementia** in April 2019. For people who had a result indicating dementia or with inconclusive results, 94% were referred to specialist services.

## More people are receiving a dementia diagnosis

Due to increased referral rates, as well as improved dementia awareness, more people with dementia receive a formal diagnosis. Having a formal diagnosis enables care needs to be assessed, appropriate treatment to be delivered and planning for the future to begin.

A large **study** by Donegan et al shows the number of people who were diagnosed with dementia in the UK doubled from 0.4% of the GP population in 2005 to 0.8% in 2015. More recently the number of people on the Quality and Outcomes Framework (QOF) dementia register has continued to increase each year.

**The number of people recorded with a diagnosis of dementia on GP registers has increased between 2014/15 and 2018/19**



| | |
|---|---|
| 2014/15 | |
| 2015/16 | |
| 2016/17 | |
| 2017/18 | |
| 2018/19 | |

0    50,000    100,000    150,000    200,000    250,000    300,000    350,000    400,000    450,000    500,000

*NICE works with a community of **medicines and prescribing associates** to support and promote high quality, safe, cost-effective prescribing and medicines optimisation in their local health economies. The associate from North Cumbria CCG shared the work undertaken by local GP practices as part of the Quality Improvement Scheme focusing on improving the identification, accuracy of records in relation to diagnosis and the ongoing review of people with dementia.*

*Local discussion and collaboration between GPs and specialists resolved ambiguity in relation to diagnostic terminology used in correspondence between clinicians. This resulted in consensus and an agreement for a consistent approach to appropriate Alzheimer's disease coding on GP practice systems. The dementia diagnosis rate in North Cumbria increased from 63.6% in April 2018 to 67.7% by March 2019, an increase of 266 patients.*

However, not everyone with dementia has a formal diagnosis. In March 2019, NHS Digital **estimated that** two thirds (68.7%) of people aged 65 or older with dementia have a formal diagnosis. While this meets one of the ambitions set out in the **challenge on dementia** and the **government's mandate** to NHS England, a third of people living with dementia do not have a diagnosis.

There is variation in the **estimated diagnosis rate for people aged 65 or older**. In October 2019, the estimated diagnosis rate ranged from 51% to 92% across CCGs. Higher diagnosis rates may be due to some areas prioritising dementia diagnosis and increased awareness of the importance of making a timely diagnosis.

**'My GP and the psychiatrist were very informative and very straightforward, and my experience was that I accepted that dementia will not define me.'** Sylvia, Chorley

*"The right information and support will enable us to live better with dementia"*
**(Person living with dementia)**
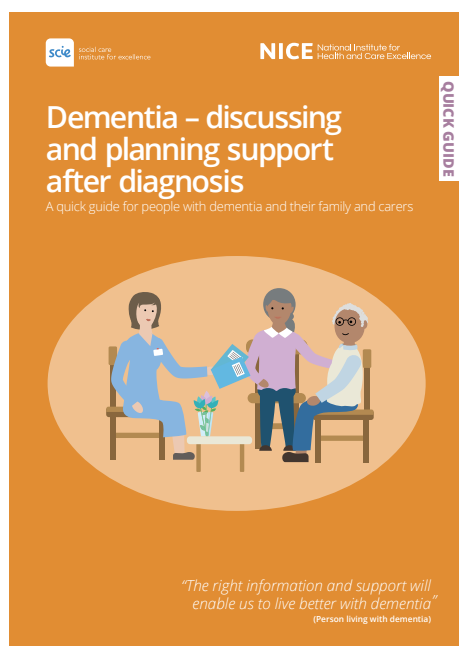
## Support after diagnosis

A diagnosis of dementia may create very mixed emotions and coming to terms with it, making decisions and planning ahead are all part of living well with dementia. Getting information and support when needed from people working in health and social care can make a real difference. Our social care quick guide on **dementia – discussing and planning support after diagnosis** helps people to make decisions and plan ahead.

NICE's quality standard on dementia states that people with dementia should be given the opportunity to discuss advance care planning at diagnosis and at each health and social care review.

Primary care **GP data** shows that, in 2018/19, 78% of people diagnosed with dementia had a face-to-face care plan review in the preceding 12 months. Around 1 in 5 people don't have their condition reviewed, and don't have the opportunity to make changes to the care or treatment they receive.

# Hospital care

At any one time **1 in 4 hospital beds** are occupied by people living with dementia. People with dementia often experience longer hospital stays, delays in leaving hospital and reduced independent living.

*One of the key aspirations of* **Challenge on Dementia 2020** *is to create* **dementia-friendly hospitals**. *All acute trusts in England were asked to make a public commitment to becoming dementia friendly. By February 2018, 164 acute and non-acute trusts made that commitment with 88 submitting action plans and joining the* **National Dementia Action Alliance**.

Hospital admission can trigger distress, confusion and delirium for someone with dementia. This can contribute to a decline in functioning and a reduced ability to return home to independent living. Over recent years there have been a range of initiatives on improving the experience and outcomes of hospital care for people with dementia, such as the **National Dementia Action Alliance**, and **Dementia Friendly Hospitals Charter**.

NICE guidance on **dementia** and **transition between inpatient hospital settings and community or care home settings for adults with social care needs** support these initiatives by stating which aspects of care should be expected to ensure quality dementia care in hospital. This includes appropriate admission to hospital, comprehensive assessments, personal history taking and co-ordinated discharge.

## Emergency admissions to hospital

*NICE recommends staff working in care and support services should receive training in person-centred and outcome-focused care for people living with dementia.*

*The Royal College of Psychiatrist's* **national audit of dementia** *reported that of hospitals reporting, 89% of staff reported that they had received some form of dementia training from the hospital they currently work at in 2018/19, compared with 83% in 2017, showing encouraging levels of staff training.*

The NICE dementia guideline says that before admitting a person living with dementia to hospital, the value of keeping them in a familiar environment as well as any advance care and support plans should be taken into account. For people living with severe dementia we recommend that an assessment should be carried out that balances the person's current medical needs with the additional harms they may face in hospital, such as a longer length of stay and increased mortality.

These recommendations were made to reduce the likelihood that a person with dementia is admitted to hospital. However, **data** reported by Public Health England (PHE) show that the number of emergency admissions to hospital for people with dementia for admissions which are short stay (1 night or less), have increased, from 95,000 in 2014/15 to 115,000 in 2017/18.

Variation in admission rates from the national figure are seen at CCG level. In areas where the admissions are above or below
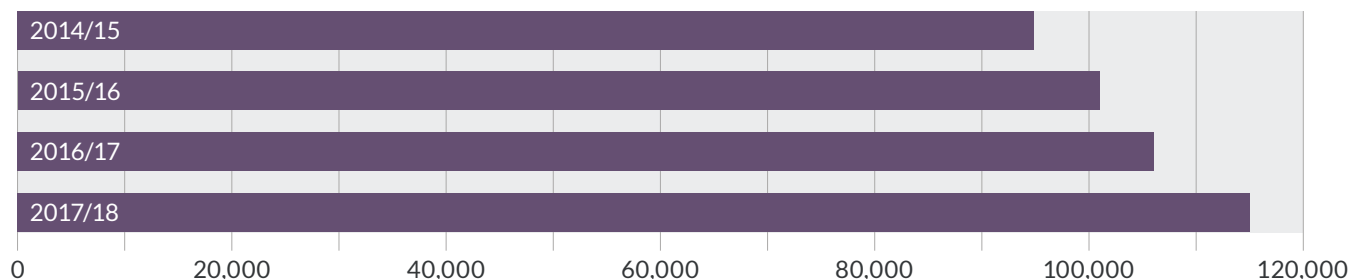
**The number of short stay emergency admissions for people with dementia increased by 20% between 2014/15 and 2017/18**

the national rate, further investigation may be necessary to understand the factors contributing to these rates. This may include the provision of primary or community care services and how dementia care is managed and reviewed.

| | |
|---|---|
| 2014/15 | |
| 2015/16 | |
| 2016/17 | |
| 2017/18 | |

0   20,000   40,000   60,000   80,000   100,000   120,000

## Comprehensive assessment

The NICE guideline on dementia recommends various assessments that should take place for people living with dementia. This includes assessments in cognition, delirium, pain, continence and nutritional needs. Providing a comprehensive assessment in hospital can improve the rates of people with dementia returning home after admission and reduce the risk of dying during the hospital stay.

The Royal College of Psychiatrist's **National Audit of Dementia Care in General Hospitals** measures comprehensive assessments. In 2018/19, it found that overall physical health assessments were administered and documented more often than mental health assessments.

**Proportion of people who had each type of assessment during their hospital stay**

| | |
|---|---|
| Cognition | 54% |
| Delirium | 58% |
| Pain | 85% |
| Continence | 89% |
| Nutritional status | 91% |
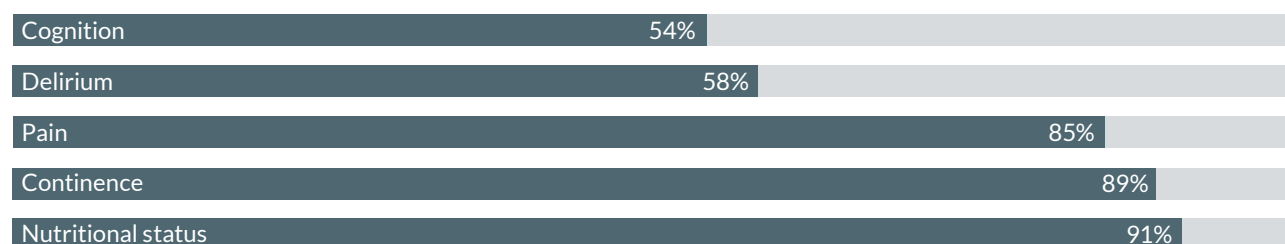
## Personal details and preferences

Personal details recorded in hospital about people with dementia helps staff to understand and anticipate their needs and preferences and involve them in decisions about their care. The NICE guideline says health and social care practitioners should encourage and enable people living with dementia to give their own views and opinions about their care, and to consider using a structured tool to assess their likes and dislikes, routines and personal history.

In 2018/19, the national audit of dementia care in general hospitals reported that 97% of hospitals said they had a formal system in place for collecting personal information about people with dementia. However, when case notes were reviewed for the audit, less than two thirds contained personal information on the person's dementia. This may be because personal information is often held in other documents that stay with the person with dementia rather than being in hospital case notes.

**The proportion of hospitals with a system to collect information about people with dementia has increased and remained stable**

| | |
|---|---|
| 2013 | 74% |
| 2017 | 99% |
| 2019 | 97% |

## Discharge from hospital

*A safe, well designed living space is a key part of providing the best care for people living with dementia. The dementia resource for carers and care providers states that good design and the use of assistive technology can help people to be as independent as possible for as long as possible, and has been shown to reduce hospital stays and care home admissions. It can also help to compensate for impaired memory, learning and reasoning skills and can reduce stress.*

The needs of people with dementia should be considered before they can be safely discharged from hospital. For example, they may need to arrange help in their home with washing and preparing meals or require adaptations, such as a stair-lift. Other people may need to move into a care home.

Our guideline and quality standard on transition between inpatient hospital settings and community or care home settings state that adults with social care needs who are in hospital should have a named discharge coordinator to ensure a safe and planned discharge from hospital. The national audit of dementia reported that, in 2018/19, 92% of hospitals had a named person in place to co-ordinate discharge plans for people with dementia. Having a named discharge coordinator helps to ensure a safe and planned discharge from hospital.

**'My wish to stay on the ward 24/7 with my husband was respected, and valued. The ward culture encouraged young health care assistants to engage with the people with dementia in a respectful and caring manner. On admission we completed, with the staff, our preferences for place of discharge, which was to return home once medically fit. On discharge, my wishes were supported by the ward.'** Carer for her husband in hospital with Alzheimer's disease

# Social care

It is estimated that **two-thirds** of people with dementia live in their own home and it is estimated that **£2 billion** is spent on home care. Adult social care and support helps people with dementia to feel supported to live their life as they want to.

Adult social care is delivered by thousands of different provider organisations, and there is often little information about how well care processes recommended by NICE are being carried out nationally. As a result, we have used survey results to look at outcomes for people using care and support services. Surveys carried out by the **Alzheimer's Society** suggest that 60% of people using home care and 70% of people who live in care homes live with some form of dementia.

*Home care allows people to remain in their own home, by receiving visits from home care workers to help with daily routines such as personal care, shopping and preparing meals. It also allows people to have control over their care and support whilst staying close to what is familiar.*

**✳** *43% of people, who need support with memory and cognition, said they were extremely or very satisfied with the care and support they received from adult social services*

## People's experience of care and support

NICE's **guideline** and **quality standard** on people's experience using adult social care services aim to help people understand what care they should expect, and improve their experience by supporting them to make decisions about their care and support. We recommend that people's preferences and needs should be the basis on which to provide care and support to live an independent life.

*Our guidance on dementia recommends that people's care and support is reviewed. Healthwatch published **why it's important to review the care of people with dementia** in 2019 and found that less than 45% of people with dementia using social care services had a planned local authority care review in the previous year.*

Less than half (43%) of people, who need support with memory and cognition, said they were extremely or very satisfied with the care and support they received from adult social services in 2018/19. This is according to NHS Digital's **Personal Social Services Adult Social Care Survey** in England, which asked around 3,100 people who require support with memory and cognition, what they thought about the local authority funded or managed care and support they received.

## People's control over their daily life

In the people's experience in adult social care services guideline NICE recommends that people should be provided with support to express their views, preferences and aspirations in relation to their care and support. A person's right to make their own decisions should be respected and they should be actively involved in all decisions that affect them.

Although most people who need support with memory and cognition said they were satisfied overall, only 21% of the survey respondents said they have as much control over their daily life as they want. When people were asked about having control over their lives and how they spend their time, the survey results varied depending on the setting where care and support was delivered. Adult social care is provided in 3 main settings: **residential care homes**, **nursing care homes** and in the community. People using nursing care or community services were less likely to give a positive answer to these questions.

*People using community services live at home; this includes homes such as supported living, care housing, home care and sheltered housing. Residential homes provide accommodation and personal care, such as help with washing, dressing, taking medicines and going to the toilet. Nursing homes also provide personal care but there will always be 1 or more qualified nurses on duty to provide nursing care.*

**The proportion of people with memory or cognition problems, who report that they're able to spend their time as they want, doing things they value or enjoy differs by care setting**

**34%** Community

**50%** Residential

**33%** Nursing

# Supporting carers

Carers of adults with dementia often have high levels of stress due to the physical and mental challenges of caregiving, coping with other responsibilities, such as work or caring for children, health and mobility problems of their own, or financial issues. It is essential that carers have good support to enable them to manage the stresses and demands of caregiving.

**Dementia Connect** *is the Alzheimer's Society personalised support and advice service for people with all types of dementia, their families and carers. People can talk to dementia experts, who will help them find the right support. The NHS Long Term Plan sets out to continue working with the Alzheimer's Society to extend the Dementia Connect programme.*

**NHS England** report that there are around 540,000 carers of people with dementia in England and it is estimated that 1 in 3 people will care for a person with dementia in their lifetime. Only half of carers are employed and around 66,000 people have already cut their working hours to care for a family member, while 50,000 people have left work altogether.

NICE's **dementia resource for carers and care providers** sets out the challenges that carers face to make sure that their own physical and mental health needs are being recognised and met, both because of the demands of the caring role, but also because of difficulties with accessing support.

*Just over a third of adult carers have as much social contact as they would like*

## Quality of life of carers

**Admiral Nursing DIRECT** *is a national helpline and email service, provided by experienced Admiral Nurses who offer practical advice and emotional support for anyone affected by dementia. This includes care staff and carers, people living with dementia and those worried about their memory.*

NICE's **dementia** quality standard highlights that carers should be offered education and skills training,  to enable them to manage the stresses and demands of caregiving and to fulfil their role.

Data from **Public Health England** shows the proportion of adult carers who have as much social contact as they would like has decreased from from 41% in 2012/13 to 36% in 2016/17 suggesting more needs to be done to support carers to improve their quality of life.

# Spotlight: Antipsychotic medicines

People with dementia can become distressed, which can lead to symptoms such as increased aggression, anxiety, agitation, depression and delusions. However, these behaviours may have other causes, including pain or delirium. Understanding the causes of these behaviours and addressing them can avoid the use of unnecessary interventions, such as antipsychotic medication.

*Our patient decision aid on* **antipsychotic medicines for treating agitation, aggression and distress in people living with dementia** *provides information to help people living with dementia, their family members and carers and their healthcare professionals discuss the options.*

The NICE guideline on **dementia** recommends that before starting treatment with antipsychotic medicines the benefits and harms should be discussed with the person and their family members or carers. They should only be offered to people living with dementia if they are at risk of harming themselves or others or if they are experiencing agitation, hallucinations or delusions that are causing them severe distress.

A **study** by Donegan et al of trends in treatment for people with dementia in the UK found that over 10 years the NHS has halved the prescribing of antipsychotic medicines in general practice to people with dementia, from 22% in 2005 to 11% in 2015.

More recent data from **NHS Digital** shows, in October 2019, the proportion of patients with a recorded diagnosis of dementia who had a prescription of antipsychotic medication in the previous 6 weeks was stable at just over 9%. Variation in the levels of prescribing antipsychotic medication could be seen across CCGs, ranging from 4% to 17%. In CCGs where antipsychotic prescribing is above or below the national rate, further investigation may be necessary to understand the factors contributing to these rates.

The **Prescribing Observatory for Mental Health** 10-year report highlights good practice in antipsychotic prescribing which may help to reduce variation. This includes alternatives to antipsychotic medication, such as music, exercise or aromatherapy and clear documentation of aggressive or

agitated behaviour. These areas were all highlighted in our **patient decision aid**. In addition, improvements could be made in the frequency and quality of reviewing antipsychotic medication for people with dementia.

**Variation in prescribing of antipsychotic medication to people with a diagnosis of dementia across CCGs in England, October 2019**



London

Proportion of people with a diagnosis of dementia, who had a prescription for anti-psychotic medication in the preceding 6 weeks (%)

0    2    4    6    8    10    12    14
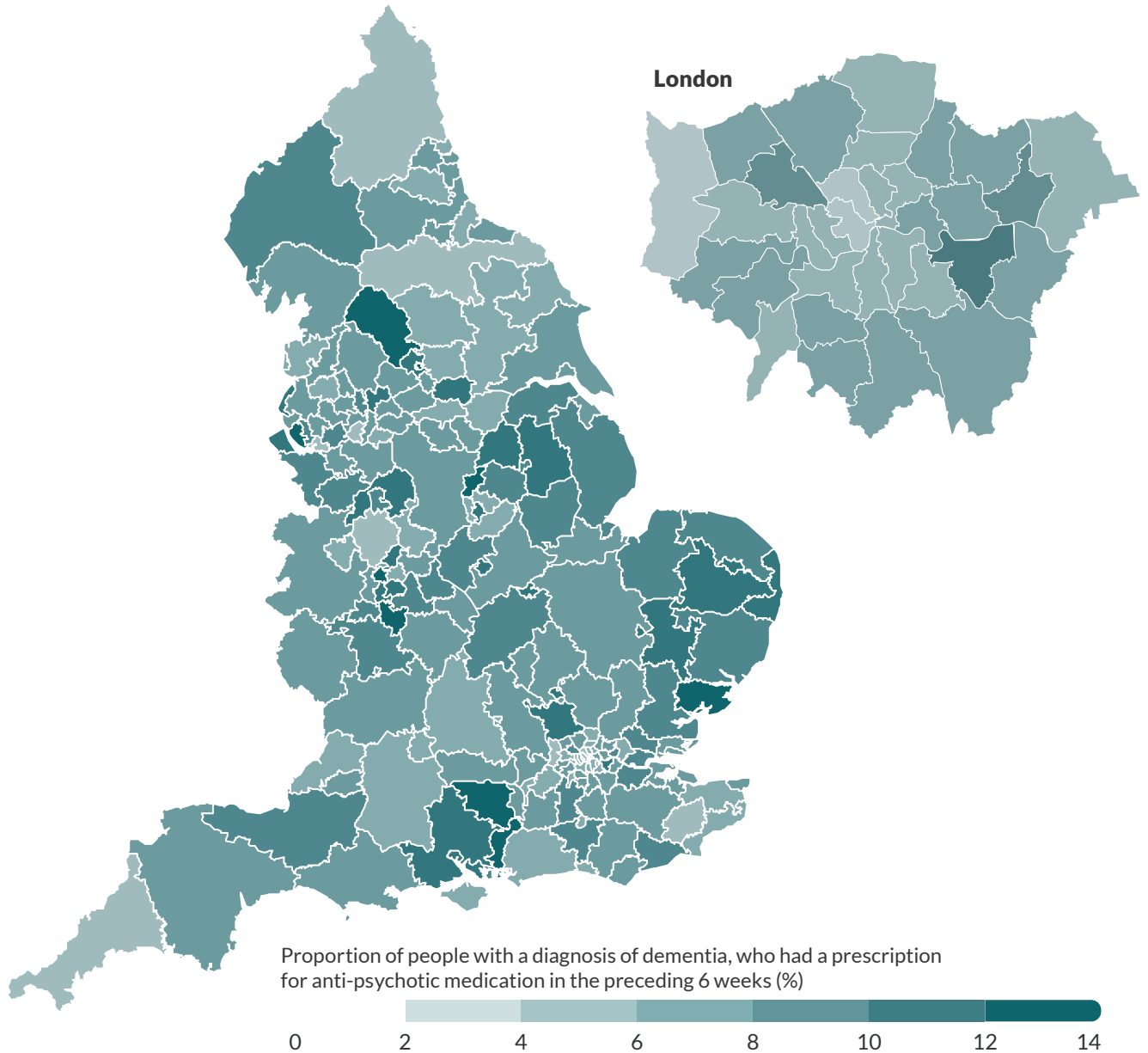
# Commentary

Dr Hilda Hayo, November 2019

*Dr Hilda Hayo is Chief Admiral Nurse and the Chief Executive of Dementia UK*

It is estimated that the number of people living with dementia in the UK will rise to over 1 million by 2021. NICE has provided dementia services with a suite of guidance and standards that have modernised care and much progress has been made. However, there is still more that needs to be done to improve care for all people who live with dementia.

As a result of increasing dementia assessments, improvements have been made in diagnosing and supporting people with dementia. The majority of people in hospital now receive a formal assessment and when dementia is suspected most are referred to specialist services. However, specialist training for health and social care staff is lacking. Despite the increasing numbers of people joining Dementia Friends, formal dementia training is required to understand and work with people living with dementia.

Dementia prevention still falls behind other health issues. More public awareness is needed if dementia is to be delayed or prevented in the population. Whenever a health and social care member of staff is in contact with a member of the public, they should be engaging in health promotion advice. This however depends on the knowledge, skills and time the practitioner has.

More needs to be done to help implement NICE guidance to improve the prevention, recognition, treatment and management of delirium. It can often be wrongly assumed that the changes in behaviour are due to dementia rather than a potentially treatable and reversable condition.

It is encouraging that most people with dementia who receive social care support are satisfied with their daily lives. However, services have experienced cuts in funding over the last few years and as a consequence the eligibility criteria has raised considerably. Families of people with dementia who would have been eligible a few years ago for support with their care needs are no longer entitled to help.  This is having a knock-on effect on discharges from hospital and future planning and support for people with dementia.

In addition, carers report that their needs are often overlooked by health and social care which increases the level of distress they experience, which is reflected in their quality of life. This can make the difference between caring for a family member at home or having to seek long term care.

Positively the focus on antipsychotic use shows a reduction in the use of inappropriate antipsychotic prescribing. This ensures that people are not receiving unnecessary treatment which could be hiding other causes of their distress such as pain, leading to improved quality of life for people with dementia.

Overall while many positive steps have been taken their remains considerable challenges. The health and social care system need to ensure that dementia is a priority and using NICE guidance can help to focus their efforts.

**NICE** National Institute for
Health and Care Excellence

# AUDIT AND RISK COMMITTEE

**Unconfirmed minutes of the meeting held on 28 November 2019
at the NICE London office, and via V/C to the Manchester office**

<u>Present</u>

| | |
|---|---|
| Dr Rima Makarem | Non-Executive Director (chair) |
| Sheena Asthana | Non-Executive Director |
| Elaine Inglesby-Burke | Non-Executive Director (by T/C) |
| Tom Wright | Non-Executive Director |

<u>In attendance</u>

| | |
|---|---|
| Andrew Dillon | Chief Executive (for part until item 5.1) |
| Gill Leng | Deputy Chief Executive and Health & Social Care Director (for part until 5.1) |
| Ben Bennett | Business Planning and Resources Director |
| Catherine Wilkinson | Deputy Director – Business Planning and Resources |
| David Coombs | Associate Director - Corporate Office |
| Barney Wilkinson | Associate Director - Procurement and IT |
| Jane Lynn | Head of Financial Accounting |
| Mirella Marlow | Programme Director – Centre for Health Technology Evaluation (for item 4.2) |
| Alexia Tonnel | Director – Evidence Resources (for item 8.2) |
| Kelly Parry | Data Protection and Information Governance Manager and DPO (for item 9.1) |
| Elaine Repton | Corporate Governance & Risk Manager (minutes) |
| David Robb | Government Internal Audit Agency |
| Andrew Jackson | National Audit Office |
| Andrew Ferguson | National Audit Office |
| Hassan Rohimun | Ernst & Young |
| Dan Spiller | Ernst & Young |
| David Wright | NICE Sponsor Team, DHSC |

**Apologies for absence**

1.  Apologies for absence were received from Jane Newton and Niki Parker.

**Declaration of interest**

2.  There were no declarations of interest relevant to this meeting.

**Minutes of the last meeting**

3.  The minutes of the meeting held on 4 September 2019 were agreed as a correct record.

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**Action Log**

4. The committee reviewed the action log. Two items are still in progress which will be discussed further in January and April 2020.

**RISK MANAGEMENT**

**Business risks 2019/20**

5. The committee reviewed the recent updates to the 2019/20 risk register.

6. Reference was made to the addition of risk 20/19 regarding the departure of the Chief Executive at the same time as the recruitment of a new Chair. The committee noted the delay to the appointment processes due to the general election and asked about the mitigations in view of any further extended delays, and also the loss of strategic corporate memory arising from the near simultaneous turnover in both roles. Andrew Dillon gave assurance that there was a very experienced deputy chief executive and senior management team who were capable of leading NICE, and he felt the risk around the loss of corporate memory was therefore low.

7. The committee also discussed a further potential risk of the number of Non-Executive Directors (NEDs) falling below the statutory minimum of 6 if the new chair is not in place by 1 April 2020. It was noted that NICE and the Department for Health and Social Care (DHSC) have both taken legal advice on the implications of this, and the Board will discuss this issue in January 2020.

8. It was agreed that the risk of the number of NEDs falling below the statutory minimum of 6, be added to the risk register.

**ACTION: ER**

9. The committee supported the amendments to the risk register.

**Risk discussion – Methods and processes review within CHTE**

10. Mirella Marlow joined the meeting to give an update on the review of the methods for developing guidance within the Centre for Health Technology Evaluation. The review has received an unprecedented level of interest from external stakeholders due to the potentially contentious issues with far-reaching implications for NICE's work, access for patients, affordability in the NHS and the profitability of the life sciences industry sector. Additionally, the introduction of charging for technology appraisals programme (TA) and the highly specialised technologies programme (HST) is expected to have generated more scrutiny.

11. It was noted that an update of the guidance development processes within CHTE is also underway at the same time as the methods review to ensure the processes for guidance development are as aligned and efficient as possible.

12. Mirella advised that a key mitigation was the governance structure around the review which has been developed to assure accountability and appropriate

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escalation of significant issues.  The Methods Steering Group consists of membership from NICE, NHS England, DHSC and an independent academic expert, and the Methods Working Group has wide membership from stakeholders including patient and industry bodies, NHS England, DHSC academics.

13. The committee asked whether there would be a risk register for the implementation phase.  Mirella advised that there was not at present but she would take the suggestion back to the Steering Group to consider.

**ACTION: MM**

14. The committee also discussed whether there is a reputational risk for NICE around the timeframe for the work, as the first guidance shaped through the new methods is not anticipated to be published until early in 2022.  It was accepted that the timescale is long but that was not seen as high a risk as engaging sufficiently with key stakeholders.

15. The committee thanked Mirella for her attendance.

## Assurance mapping

16. The committee considered a proposal for an assurance mapping framework to be introduced at NICE to provide the committee and the senior management team with a tool to identify the main sources of assurance that they receive on the highest risk areas, to test the quality of the assurance and highlight any gaps to be addressed.

17. The committee commented that in the document's current form, it was difficult to see how the quality of the assurances would be measured and rated as being sufficient or not.  It was agreed that further work was required.  It was suggested that the owners of the three highest scoring business risks should undertake an exercise to test the quality of the assurances within the three lines of defence, and report back in January with a revised framework for further discussion.

**ACTION: ER**

## INTERNAL AUDIT

## Internal audit progress report

18. David Robb reported on progress against the 2019/20 internal audit plan confirming that three reports had been completed and issued, two were currently underway and one was due to start in quarter 4.

19. Planning for next year's internal audit programme was underway with the senior management team so that a draft plan can be presented to the committee in January 2020.

20. The report was noted.

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**Contract Management**

21. The committee welcomed the findings of the internal audit review of contract management which received a moderate assurance level with six recommendations. All the recommendations have been accepted by management and were in the process of being actioned.

22. The internal audit report was noted.

## EXTERNAL AUDIT

### NAO wider work in the health and care sector

23. Andrew Ferguson updated the committee on the NAO's recent work and publications within the wider health and care sector. The committee noted the DHSC's group reporting timetable for the 2019/20 year end. The report was noted.

### NAO round-up for Audit Committees

24. The committee received the NAO's round-up for Audit Committees published in November 2019 giving an overview across the NAO's portfolio of published reports. The report was noted.

## FINANCE

### Financial accounting performance

25. Jane Lynn presented the financial accounting performance report as at 30 September 2019 confirming a satisfactory financial position and briefly referring to the key areas of accounts payable and accounts receivable performance, income from TA charging and Scientific Advice debtors. The report highlighted a number of aged debtors related to salary overpayments to ex-staff members. These were being recovered either through a monthly payment plan or via a debt recovery company where NICE had failed to make contact with the individual.

26. Catherine Wilkinson advised that an interim grant payment from the EuNetHTA project was being withheld until NICE was able to arrange an audit of the project. However, it was proving difficult to engage an audit company due to it being a Europe based project. Catherine asked the committee's view on employing the services of KPMG (Cologne), who had undertaken audits for other grant recipients. This was supported.

27. The chair queried the significant increase in the average cost per case of train cancellation and amendment fees up from (£34.44 to £74.31), compared to last year. It was reported that NICE had changed its train booking provider and was now booking more flexible tickets meaning that we are not now routinely paying the £10 amendment fee to change tickets. This means that the average cost of cancellation and amendment has increased.

28. The report was noted.

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**CONTRACTS & IT**

**Waiver report – August to November 2019**

29. The report on contract waivers from Standing Orders and the Standing Financial Instructions was reviewed. The report was noted.

**ICT security and resilience report 2018/19**

30. Alexia Tonnel presented the annual ICT security and resilience report which provided assurance that there are robust management arrangements in place for the security of NICE's information, communication and digital technologies.

31. Reference was made to changes arising over the next few months including the move to the new London office and plans to adopt more 'digital workplace' practices across NICE – these should support increased mobility, enable greater levels of collaboration internally and externally and increase productivity through the use of workflow automation. These developments will require NICE to make greater use of the Office 365 suite in the coming months. However, the adoption of Software as a Service (SaaS) tools including as Office 365 apps such as OneDrive and SharePoint online can increase cyber security and information governance risks. This means the NICE IT security arrangements will have to change to adapt to increasing cloud-based activity. The report detailed how the risks are being managed at present and the plans to review NICE's security model as part of the digital workplace strategy development and implementation from 2020.

32. The committee discussed the IT and disaster recovery arrangements for the new London office querying why a move to a cloud-based solution was not being implemented now rather than at a later date after the move. Barney Wilkinson advised that NICE currently has a hybrid solution with thin client (virtual) machines which can be upgraded centrally, and digital services software which is cloud-based. Eventually it is likely most systems will be cloud based, but the work will be sequenced over time, working with an external expert partner.

33. The committee welcomed the report.

**CORPORATE OFFICE**

**Information governance annual report 2018/19**

34. Kelly Parry presented the information governance annual report for 2018/19 advising the committee of the arrangements in place to ensure effective information governance (IG) at NICE.

35. The committee noted the key activities undertaken in the year to satisfy the requirements of the GDPR, maintain compliance with the Data Security and Protection Toolkit, update information asset registers and support the IG elements of new transformation projects including NICE Connect, SharePoint/O365 and the Data Management Expert Group.

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36. The growing demand for IG and records management advice and input was recognised. The committee noted an increase in data breaches and queried what remedial action is being taken and lessons learned. Kelly advised that the breaches had been low level and the increase was partly due to greater awareness amongst staff and better reporting. The IG policy and framework has been reviewed and re-launched and completion of the mandatory IG training course is 97%. There is also support being offered to teams (eg the HR team) to think about practical steps they can take before sharing any personal data such as double checking the recipient's email address, having a time delay before sending emails, and only extracting the minimum amount of data required.

37. The committee welcomed the report and thanked Kelly Parry.

**Review of external audit performance in 2018/19**

38. The committee reviewed the summary of the external auditor's performance in 2018/19. Overall the feedback was positive indicating good relationships between NICE, the NAO and EY.

39. The report had been discussed at the NED's private pre-meeting with the auditors where it was noted that all parties were committed to working together and to learn from last year by putting protocols in place to clarify roles and responsibilities.

40. The report was noted.

**Internal audit recommendations log**

41. Progress in addressing the outstanding audit actions was reviewed. Eight actions were now closed in agreement with the internal auditor.

42. The progress update was noted.

**Use of the NICE Seal**

43. The NICE seal had not been used since the last meeting.

**Annual accounts timetable 2019/20**

44. The committee reviewed the timetable for the 2019/20 annual report and accounts production.

45. The timetable was noted.

**Committee annual plan 2019/20**

46. The committee noted its annual work plan for 2019/20.

**OTHER BUSINESS**

47. There were no further items of business.

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**FUTURE MEETING DATES**

48. The Committee confirmed its future meetings would take place at 2.00pm on:
    - 18 December 2019 (NEDs meeting and training session)
    - 22 January 2020
    - 22 April 2020
    - 17 June 2020 (at 9.30am)
    - 9 September 2020
    - 25 November 2020

The meeting closed at 4:00pm.

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# National Institute for Health and Care Excellence

# Minor amendment to the NICE Principles

This report summarises a proposed minor amendment to the NICE Principles document approved by the Board in November 2019.

The Board is asked to approve the revised draft of the NICE Principles (appendix A).

If the proposed draft is approved, it will succeed the Social Value Judgements (SVJ) as the working document for NICE advisory committees. The latest edition of the SVJ (published in 2008) will remain on our website for information and as an important underpinning document.

Andrew Dillon
Chief Executive
January 2020

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# Introduction

1. In November 2019, the Board approved an updated version of the NICE Principles, which had been amended to address the comments received during the public consultation concluding in Q1 2019.

2. Following internal discussions, it was agreed that a minor amendment was needed to include more detail on how NICE aims to reduce health inequalities.

3. This paper summarises the minor amendment to the draft NICE Principles. Appendix A contains the revised draft for the Board's consideration.

# Summary of changes

4. Further information on how NICE aims to reduce health inequalities has been added to principle 9 (see paragraphs 30 and 31 in appendix A).

5. The additional text is based on our Social Value Judgements (SVJ) and relates to how we consider conditions associated with stigma and behaviour-dependent conditions.

# Issues for decision

6. The Board is asked to approve the revised draft of the NICE Principles (appendix A).

7. If the proposed draft is approved, it will succeed the SVJ as the working document for NICE advisory committees. The latest edition of the SVJ (published in 2008) will remain on our website for information and as an important underpinning document.

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# Appendix A

## The principles that guide the development of NICE guidance and standards *(draft)*

### Introduction

1.  In 2005, NICE published a guide setting out the social and scientific 'value judgements' that informed our approach to developing guidance. The [Social Value Judgements document](#) helped our advisory committees resolve uncertainty in the available evidence. It informed their judgement when developing guidance, by giving them a set of principles.

2.  The Social Value Judgements were originally designed to support decision-making in guidance on new technologies. NICE's remit has grown significantly since then. We now produce guidance for local government and social care providers, which draws on a wider range of evidence. The original Social Value Judgements document remains relevant to our work, and much of what it contains is included in our [methods and process manuals](#).

3.  This document, which replaces the Social Value Judgements document, focuses on the key principles that are universal to all of our guidance and standards. Our independent advisory groups are expected to use it, along with our methods and process guides and [the NICE charter](#), to inform their decisions. Our charter is a statement of purpose that describes who we are, what we do and how we do it. The NICE principles document, like the Social Value Judgements document before it, goes beyond that, to explain the morals, ethics and values that underpin our recommendations.

4.  When making decisions, NICE and our committees strive to balance the need to achieve the most overall benefit for the greatest number of people, with the need to ensure fairness and respect for individual choice. NICE advisory committees have to make judgements about the fair and equitable distribution of scarce resources, often in the face of uncertain evidence. When making judgements about what health and social care services should provide, it is important to be able to explain what informs those judgements.

5.  NICE guidance aims to meet population needs by identifying care that is high quality, good value, and provides the best outcomes for people using health and social care services within the budget available. An important part of high-quality care is enabling people to be equal partners in planning their care and making informed decisions about it. But in the best interests of the wider population, and because of limited resources, decisions have to be made about what options are publicly funded. This might be, for example, by focusing resources on

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interventions that have been proven to be effective or cost effective. NICE believes that overall population needs are paramount in determining the fair allocation of resources. But it also recognises that in some circumstances, in the interests of fairness, the needs of particular groups may override those of the broader population.

6. NICE's advisory committees use their own discretion when developing guidance and standards. But their decisions are guided by the principles in this document, which are based in part on the following moral principles:

- People have the right to make informed choices about the care they receive. But not everyone has the ability to make their own choices, and not everything people might want will necessarily be available.

- Every intervention has the potential to cause harm and may not always benefit everyone. So it is important consider the balance of benefits and harms when deciding whether an intervention is appropriate.

- Resources need to be allocated appropriately and fairly. They must provide the best outcomes for the finite resources available while balancing the needs of the overall population and of specific groups.

## The principles that guide NICE's work

How we produce guidance

### Principle 1. Prepare guidance and standards on topics that reflect national priorities for health and care

7. NICE's remit covers health, public health and social care, as set out in the [Health and Social Care Act 2012](#). To ensure our guidance and standards appropriately cover this breadth of topics, we have several processes to prioritise our work.

8. We welcome topic suggestions from a range of sources. These include people using services, health and social care professionals, manufacturers and commercial sponsors, and horizon scanning by the National Institute for Health Research. We work with the Department of Health and Social Care, Public Health England and NHS England and NHS Improvement to select and prioritise topics that reflect the ambitions and capacity of the health and care system. We do this using criteria that include several aspects of a disease, condition or care need. These include impact on health and wellbeing, variation in current service provision, uncertainty about best practice, the available evidence, and the potential to reduce health inequalities.

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**Principle 2. Describe our approach in process and methods manuals, and review them regularly**

9.  NICE's guidance can have a significant impact on people's lives. So it is important that we are explicit about the approaches we use and allow others to comment on them. The NICE (Constitution and Functions) Regulations 2013 require us to have, and consult on, procedures for giving advice or guidance, and making recommendations. The principles of the NHS Constitution also highlight the importance of transparency and accountability in our decision-making processes.

10. All our guidance and standards programmes have detailed process and methods manuals. These go through rigorous review, assessment and consultation before being published. They are updated regularly. We are required to follow our documented processes and methods and are accountable for the decisions that we make. Sometimes it is appropriate to depart from the documented processes and methods for particular recommendations. When this happens, we clearly explain our rationale in the guidance or standard, or in accompanying documents.

**Principle 3. Use independent advisory committees to develop recommendations**

11. We use independent advisory committees to consider the evidence. This is to ensure that our recommendations are unbiased and objective, and that the evidence is interpreted in a way that is relevant to health and social care delivery in England. Even the best research evidence will never be complete and comprehensive, so it is essential that it is considered by a committee independent of NICE.

12. The credibility of NICE guidance depends on the committee making decisions using a process that is transparent and contestable. It is crucial that the reasons for the committee's decisions and reasoning are explained clearly. This includes explaining the available evidence, and how the contributions of experts and the views of people who responded to consultation have been taken into account.

13. Committees include people from the NHS, commissioners and providers of social care, local authorities, academia, relevant industries, organisations that represent people who use services and carers, and the general public. Committee members are selected for their knowledge and experience. They are each there in their own right and do not usually represent organisations they work in. All committee members, invited experts and any organisations nominating specialists or making written submissions, declare any relevant interests both annually and for each committee meeting they attend. They do this according to our policy on managing potential conflicts of interest.

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**Principle 4. Take into account the advice and experience of people using services and their carers or advocates, health and social care professionals, commissioners, providers and the public**

14. NICE needs to ensure that the process for developing guidance and standards involves people who will be affected by it, to ensure their needs and priorities are reflected. We build in these perspectives through the membership of our guidance development committees. If this isn't possible, we find experts to give testimony to the committee.

15. The people who work with us reflect the experiences of a wide range of people affected by the guideline. They don't base their views solely on personal experience. All interested groups, including health and social care professionals and voluntary and community sector organisations, are involved in defining the scope of our products, may be invited to submit evidence to the committee, and have the opportunity to comment on draft recommendations.

16. NICE's Public Involvement Programme supports people who use services, their families, carers and the public to take part in our work. It promotes their involvement regardless of disability, language, or other potential barriers.

**Principle 5. Offer people interested in the topic the opportunity to comment on and influence our recommendations**

17. NICE recommendations are based on detailed consideration of the evidence by our committees, and it is important that a wider group of stakeholders are also consulted. This wide consultation helps ensure the validity of the final recommendations. The principles of the NHS Constitution also require us to be accountable to the public, and to make decisions in a clear and transparent way.

18. All our guidance and standards are therefore developed using a process that takes into account the opinions and views of the people who will be affected by them. Consultations are open to voluntary and community sector organisations as well as health and social care professionals, NHS organisations, industry, social care businesses and local government. As part of the consultation stakeholders have an opportunity to comment on the potential impact of our guidance on health inequalities, as well as on the content of the recommendations. Our advisory committees consider and respond to comments and make amendments if appropriate.

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## What we take into account

**Principle 6. Use evidence that is relevant, reliable and robust**

19. NICE's guidance and standards are underpinned by evidence. So we need to ensure that this evidence is relevant, reliable and robust. To do this, we have processes to identify research evidence, determine whether it is relevant and assess its quality. We also work with data providers to ensure the information and data analytics that we use are high quality and robust.

20. For each piece of guidance, we consider whether the methodology used to produce the evidence is appropriate. We recognise the value of traditional 'hierarchies of evidence' but take a comprehensive approach to assessing the best evidence that is available to answer the questions we face. Our process and methods manuals set out the types of evidence that are generally appropriate for different types of question. This can include qualitative and quantitative evidence, from the literature or submitted by stakeholders. It can also include observational data and testimonies from experts.

21. Committees should not recommend an intervention if there is no evidence, or not enough evidence, on which to make a clear decision. But they may recommend using it in a research programme or alongside mandatory data collection, if this will provide more information about its effectiveness, safety or cost (see principle 11).

**Principle 7. Base our recommendations on an assessment of population benefits and value for money**

22. When NICE was established, the directions from the Secretary of State for Health made clear that we should take into account both the costs and benefits of interventions in our recommendations and encourage the effective use of resources. This was restated in the Health and Social Care Act 2012, which requires us to have regard to the broad balance between the benefits and costs of providing health services of social care in England. We must also take account of our commitment under the NHS Constitution to provide 'the best value for taxpayers' money and the most effective, fair and sustainable use of finite resources'.

23. If possible, NICE considers value for money by calculating the incremental cost-effectiveness ratio (ICER). This is based on an assessment of the intervention's costs and how much benefit it produces compared with the next best alternative. It is expressed as the 'cost (in £) per quality-adjusted life year (QALY) gained'. This takes into account the 'opportunity cost' of recommending one intervention instead of another, highlighting that there would have been other potential uses of the resource. It includes the needs of other people using services now or in the future who are not known and not represented. The primary consideration underpinning our guidance and standards is the overall population need. This

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means that sometimes we do not recommend an intervention because it does not provide enough benefit to justify its cost. It also means that we cannot apply the 'rule of rescue', which refers to the desire to help an identifiable person whose life is in danger no matter how much it costs. Sometimes NICE uses other methods if they are more suitable for the evidence available, for example when looking at interventions in public health and social care.

24. Interventions with an ICER of less than £20,000 per QALY gained are generally considered to be cost effective. Our methods manuals explain when it might be acceptable to recommend an intervention with a higher cost-effectiveness estimate. A different threshold is applied for interventions that meet the criteria to be assessed as a 'highly specialised technology'.

25. NICE's recommendations should not be based on evidence of costs and benefit alone. We must take into account other factors when developing our guidance. We also recognise that decisions about a person's care are often sensitive to their preferences. We support personalised care and shared decision-making and provide information and tools to help with this in and alongside our guidance and standards.

## What our guidance aims to achieve

**Principle 8. Support innovation in the provision and organisation of health and social care services**

26. The importance of promoting innovation in the provision of health services and social care is set out in the [Health and Social Care Act 2012](). NICE aims to support this innovation by encouraging interventions that provide substantial distinctive benefits that may not be captured by measuring health gain (that is, the estimated QALYs gained).

27. Innovation does not necessarily lead to better outcomes than existing practice. And if innovations come at an additional cost, they may divert resources away from existing practices that are better value for money. To mitigate the risk of an innovative intervention not performing as expected NICE's committees can, in appropriate circumstances, recommend its use in the context of a managed access arrangement.

**Principle 9. Aim to reduce health inequalities**

28. The [Health and Social Care Act 2012]() states that the Secretary of State, NHS England and NHS Improvement and clinical commissioning groups must give 'due regard' to reducing inequalities. This provides the context in which NICE's recommendations are implemented. So our guidance should support strategies that improve population health as a whole, while offering particular benefit to the most disadvantaged.

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29. We think about equality in relation to the protected characteristics stated in the Equality Act 2010. We also take into account inequalities arising from socioeconomic factors and the circumstances of certain groups of people, such as looked-after children and people who are homeless. If possible, our guidance aims to reduce and not increase identified health inequalities. This may mean making recommendations for specific groups of people (see principle 10).

30. Some conditions are associated with stigma, for example sexually transmitted diseases and drug dependency. We do not consider this a reason to alter our normal approach to developing advice and guidance. But stigma may affect people's behaviour in a way that changes the effectiveness of an intervention. And routine quality of life assessments may not capture the benefits of relieving or reducing it. Our advisory committees should take both these factors into account.

~~29~~ 31. We do not alter our normal approach because a condition may have been caused by the person's behaviour. But it may be appropriate to take behaviour into account if it is likely to continue and to make a treatment less clinically effective or cost effective.

## Types of recommendation

**Principle 10. Consider whether it is appropriate to make different recommendations for different groups of people**

~~30~~ 32. NICE's guidance aims to serve the interests of the population as a whole. But sometimes the available evidence shows differences in the effectiveness and cost effectiveness of an intervention for a particular group of people. Certain groups may also be at a disadvantage compared with others, including those covered by the Equalities Act 2010. In such cases, it may be appropriate for us to make recommendations for specific groups of people.

~~31~~ 33. NICE may recommend an intervention for a specific group of people only if there is:

- enough relevant evidence that the intervention is more effective or cost effective in the subgroup, or

- a legal requirement to act in this way, or

- other reasons relating to fairness for society as a whole.

**Principle 11. Propose new research questions and data collection to resolve uncertainties in the evidence**

~~32~~ 34. NICE examines the available evidence when it produces guidance. This often highlights unanswered questions. There may be uncertainties because there is no published evidence available, or the evidence is conflicting, insufficient or not robust. We make recommendations for research in areas for which resolving

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uncertainties could affect future recommendations. We liaise with the research community to ensure they are addressed.

33. 35. We have processes and methods for committees to make recommendations for research. We share these recommendations with researchers and funders including the UK Research Councils, research charities, and industry. We work closely with the National Institute for Health Research Evaluation, Trials and Studies Coordinating Centre (NETSCC) to prioritise the recommendations.

34. 36. If there are uncertainties about an intervention's effectiveness, safety or cost that can be addressed by collecting more data, committees may recommend using the intervention:

- only in a research programme, or

- if explicit conditions are met for collecting data to resolve the uncertainties, for example, through a managed access agreement.

This is helpful for interventions showing promise of being better than existing alternatives, but for which the evidence is limited.

## What we do after making recommendations

**Principle 12. Publish and disseminate our recommendations and provide support to encourage their adoption**

35. 37. NICE's guidance and standards will not have any impact if they are not used by the health and care system. When implemented effectively, they can support local improvement initiatives, improve outcomes, reduce health inequalities and reduce variations in practice across the country.

36. 38. The NICE (Constitution and Functions) Regulations 2013 require us to publish or disseminate our recommendations. Our implementation strategy supports adoption of these recommendations by:

- producing guidance and standards that are fit for the audience's needs

- ensuring relevant audiences know about our recommendations

- motivating and encouraging improvement

- highlighting practical support to improve local capability and opportunity

- evaluating impact and uptake.

We work with strategic partners to reinforce NICE's recommendations in national and regional initiatives. We support personalised care, including shared decision-making, in all our work to help people implement our guidance and standards.

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**Principle 13. Assess the need to update our recommendations in line with new evidence**

37 39. NICE's guidance and standards need to be up to date to ensure people receive the best care and advice, and to be credible for health and social care professionals, commissioners and providers. The NICE (Constitution and Functions) Regulations 2013 require us to review and revise, as we consider appropriate, all our advice, guidance and information.

38 40. We regularly assess the need to update our guidance and standards. New evidence might change conclusions about the benefits and risks of an intervention, and so the extent to which it represents good value for money. We may review guidance if we find evidence that might change our recommendations, or if there are changes in the health and care system. We normally consult with relevant organisations on a proposal about whether guidance needs updating and, if so, how to do the update.

## Resources

- The 2008 edition of social value judgements: principles for the development of NICE guidance, which this document replaces
- The Citizens Council reports

The legislative and policy requirements that apply to NICE's guidance are set out in these documents:

- The 7 principles of public life (also known as the 'Nolan principles')
- Care Act 2014
- Department of Health and Social Care's outcomes frameworks
- Equality Act 2010
- Health and Social Care Act 2012
- Human Rights Act 1998
- NHS Constitution
- NICE (Constitution and Functions) Regulations 2013
- NICE charter
- NICE Patient and Public Involvement Policy
- Sustainable Development Unit's sustainable development strategy

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# Directors' progress reports

The next 5 items provide reports on the progress of the individual centres and directorates listed below. These reports give an overview of the performance of each centre or directorate and provide an update on any issues of note.

Dr Paul Chrisp, Centre for Guidelines (Item 9)

Meindert Boysen, Director, Centre for Health Technology Evaluation (Item 10)

Jane Gizbert, Director, Communications (Item 11)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 12)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 13)

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# Centre for Guidelines progress report

1. This report sets out the performance of the Centre for Guidelines against our business plan objectives during November and December 2019. It also highlights developments to support NICE Connect and specific activities to facilitate appropriate research into cannabis-based medicinal products, produce a single UK asthma guideline and align activities to support appropriate use of opioids.

## Performance

2. Six guidelines were published during November and December 2019; five clinical guidelines and one public health guideline. No social care guidelines or antimicrobial prescribing guidelines were scheduled for publication during this period. The publication of the Indoor air quality at home guideline has been delayed until January 2020 at the request of Public Health England.

3. Twelve surveillance reviews were published during this reporting period, of which three were exceptional reviews. All other deliverables are on track.

4. The 2019-20 campaign to distribute the print version of BNF78 and BNFC 2019 to eligible prescribers ended on 30 November 2019, as planned.

## Notable issues and developments

5. A case for change to the guidelines programme was presented to the Board on 20 November. The changes will support the vision for NICE Connect. The Board asked to be kept updated on the outcome of engagement with stakeholders on the proposed changes to the guidelines programme.

6. Several initiatives are underway that support the changes summarised in November. These initiatives span surveillance and updating; moving to modular, living guidelines; economic modelling; and use of real world data.

7. In line with the proposed changes, we are reviewing the approach to surveillance and updating guidelines, moving to standing committees that can work across multiple guidelines in broad topic areas to maintain living guidance. We are reviewing capacity in the team that will allow us to identify guidelines in topic areas. We have in place a framework for this approach in the areas of diabetes and obstetrics, and have identified cardiovascular disease as another suitable topic area to take forward. The work will involve consolidating overlapping

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recommendations, mapping across a care pathway, and working with stakeholders to identify priority areas to update.

8. Central to this approach is engagement with our users and stakeholders both on the broad principle of the change and on the identification of priorities for updating. Any changes to the methods and processes to support this approach will be addressed in the NICE Connect expert group, for example options for a cross-organisational approach to health economic modelling to inform the update to the type 2 diabetes guideline.

9. Collaboration continues with ONS to explore an automated method to identify related recommendations across multiple guidelines. This will contribute to efficiencies in the surveillance and updating approach.

10. In November, members of the team met with the Australian Living Evidence Consortium to explore collaborative opportunities for making more efficient use of systematic reviewing resources.

11. In December, members of the Centre for Guidelines and data analytics teams met with the director and data controller for the UK specialist Rehabilitation Outcomes Collaborative (UK ROC) -  a national database for collating case episodes for inpatient rehabilitation - to explore if and how the data might inform the development of the guideline on rehabilitation after traumatic injury.

12. The centre director, chair of the diagnostics assessment committee, and associate director for data and analytics met with the president and other senior representatives of the Royal College of Physicians to explore areas of mutual interest in the emergent technologies of genomics, data and analytics.

13. The team is considering the potential implications of histology independent (site agnostic) anticancer medicines on maintaining guideline recommendations.

## Specific guidelines

14. The guideline on cannabis-based medicinal products was published on 18 November. The guideline made a number of research recommendations, including the clinical and cost effectiveness of CBD alone and in combination with THC for severe treatment-resistant epilepsy. Centre staff are working with colleagues in the observational data unit to help inform the research being supported by NHS England and NIHR into cannabis-based medicinal products, to facilitate alignment with our research recommendations.

15. We presented alongside the Scottish Intercollegiate Guidelines Network (SIGN) and the British Thoracic Society (BTS) at the BTS winter meeting on 6

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December to outline the approach to produce a single UK asthma guideline. The presentation was well received by delegates.

16. We are currently developing guidelines on the safe prescribing and withdrawal management of prescription drugs associated with dependence and withdrawal, and on chronic pain assessment and management. The director participated in a roundtable meeting facilitated by the Faculty of Pain Medicine to coordinate guidance and advice for professionals and patients on the appropriate use of opioids.

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# Centre for Health Technology Evaluation progress report

1.  This report sets out the performance of the Centre for Heath Technology Evaluation (CHTE) against our objectives during November and December 2019. It also highlights key developments in the centre during that period.

## Notable developments

2.  The evidence on 4 Digital Health Technologies has been reviewed in the Technical Engagement Step, which is a new part of our process, being piloted in the Digital Health Technologies pilot.

3.  Several task & finish groups supporting the review of methods for technology evaluation have met, detailed topic specifications have been finalised and methodological research has been commissioned from the Decision Support Unit.

4.  The NHSE&I draft Commercial Framework for Medicines was released for online engagement in early November. NICE has actively participated in the two industry engagement workshops held in December.

## Performance

### Centre Coordination Team (CCT)

5.  During November and December CCT have coordinated recruitment for 18 staff positions in the Centre. These vacancies are mainly new roles created by expansions in the guidance producing programmes. 5 recruitment campaigns for members are currently in progress across 7 committees for a total of 20 posts.

### Commercial Liaison

6.  The Commercial Liaison team continues to project manage the four joint workstreams with NHS England and NHS improvement with the workstreams on track to complete in March 2020. The commercial liaison team have delivered 15 briefing notes to the end of December 2019. As part of our broader work with NHSE&I we have agreed a standard briefing note template which is now operational. The commercial liaison team continues to issue PAS advice to NHSE&I, with 29 pieces of advice issued in 2019.

7.  Between April and December, 48 topics have been subject to the budget impact test process at the committee submission stage. 47 of these have been

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completed; 16 topics met the budget impact test and 31 did not. No requests were received from NHSE/I for NICE to consider changes to the standard timeline for mandatory funding.

## Managed Access

8.  We anticipate up to 17 Managed Access Agreements (MAA) will be developed in 2019/20. Since April 2019, 13 new MAAs have been finalised and associated guidance published.

9.  The managed access team is coordinating active data collection arrangements for 24 Cancer Drugs Fund (CDF), 4 highly specialised technologies (HST) and 3 technology appraisal (TA) topics. A further 9 CDF topics are preparing to exit the CDF. The associated guidance reviews are either in progress or due to start by the end of 2019/20. The re-evaluation of two non-cancer topics (elosulfase alfa and belimumab) will also be underway by 31 March 2020.

10. In addition, the managed access team has supported the development of data collection plans to support future health technology evaluations of cystic fibrosis treatments. This has enabled patients to access these treatments while data is collected on their clinical effectiveness.

11. Three pilots of, the EUnetHTA Register Evaluation and Quality Standards Tool (REQueST) have been commissioned via the Extenal Assessment Centre Operations Group to establish whether the tool will provide information required for due diligence work prior to the conclusion of a data collection agreement.

12. Recruitment for rituximab for idiopathic membranous nephropathy, has exceeded its target and this Commissioning for Evaluation scheme has now progressed into the analysis phase.

## NICE Office for Market Access (OMA)

13. In November 2019 two multi-stakeholder engagements were delivered for companies that OMA have not worked with previously, supporting the high level of interest OMA continues to receive from the life sciences industry. The programme is on track to achieve cost recovery by the end of the 2019/20 financial year.

## Accelerated Access Collaborative Secretariat (AACS)

14. The AACS is continuing to support the AAC Delivery Unit at NHS England & Improvement with delivery of the expanded remit of the AAC. This work includes providing technical resource to assist with the identification of the next wave of AAC rapid uptake products and supporting the development of a single system-

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wide horizon scanning approach. The AACS has handed over management of the AAC steering group and board to the NHSE AAC Delivery Unit, and is now providing programme management and coordination support for delivery of the AACs work supporting 2 of the early stage product categories.

## Diagnostics Assessment Programme (DAP)

15. In November 2019 the programme published two pieces of guidance. Three of the technologies included in the assessment of point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast (DG37) are recommended for adoption provided certain conditions are met. None of the technologies included in the assessment of rapid tests for group A streptococcal infections in people with a sore throat (DG38) are recommended for routine adoption because their effect on improving antimicrobial prescribing and stewardship, and on patient outcomes, is likely to be limited. The guidance includes recommendations for further research which will support the broader AMR agenda.

16. Publication of the final guidance for the assessment of Implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke has been delayed because changes to the recommendations were made at the third committee meeting. A further consultation on draft recommendations will be held and the final guidance is now expected to publish in Q1 2020/21.

17. The first committee meeting for the assessment of PredictSURE-IBD and IBDX to guide personalised treatment of Crohn's disease has been rescheduled to allow the External Assessment Group time to complete additional work to finalise their report. The final guidance is still expected to publish in Q2 2020/21.

18. The expansion of the DAP team is well underway, with recruitment of the additional 3 posts well advanced. New starters from a previous recruitment round will take up their roles in February and March.

## Interventional Procedures Programme

19. The Interventional Procedures Programme was scheduled to publish six guidance publications from November to December 2019. The August committee meeting was not quorate and therefore scheduled discussions could not take place and were rescheduled. Resolution requests were also received for two interventional procedures. This impacted guidance production. Two guidance publications took place from November to December 2019.

20. IPAC has considered the most recent evidence base on "Reducing the risk of transmission of Creutzfeldt–Jakob disease (CJD) from surgical instruments used for interventional procedures on high-risk tissues". This was an update of

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IPG196. A resolution request was received, and this request has been reviewed. Guidance publication is due to take place during January 2020.

## Medical Technologies Evaluation Programme (MTEP)

21. Guidance on the first digital health technology pilot topic, the Zio XT service for detecting cardiac arrhythmias will be considered by MTAC at its meeting in January.

22. The programme published 7 MedTech innovation briefings in November and December including its 200th MIB on the "PIUR tUS for abdominal aortic aneurysm surveillance and endovascular aneurysm repair endoleak detection". Briefings are in development on 18 more technologies. We remain on target to publish 34 MIB's in 2019/20.

23. The expansion of the MTEP team is well underway, with recruitment of the additional 6 posts well advanced.  Most of the new staff will join NICE in April and May.

## HealthTech Connect

24. HealthTech Connect is continuing to make good progress. Over 550 companies have registered, and over 140 technologies have been submitted.

25. Approximately 26% of all submitted technologies have been selected by NICE (for MedTech innovation briefing +/- NICE guidance). 70% of technologies have been selected for support by several different organisations including the AHSN network, NIHR, and Department for International Trade.

## Technology Appraisals and Highly Specialised Technologies

26. In November we released Final Appraisal Documents for two technology appraisals recommending Cannabidiol with clobazam for treating seizures associated with Dravet syndrome in people aged 2 years and older (TA614) and for treating seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older (TA615).

27. Currently over 40% of topics following the new STA process are achieving a 'straight to final guidance' decision. The 2019/20 business plan indicates that NICE would publish 78 technology appraisals and highly specialised technologies. At the time of writing the report, 44 pieces of final guidance have published and it is currently anticipated that 66 pieces of guidance will publish in the 2019/20 business year; 12 lower than the business plan forecast. From the 12 topics no longer expected to publish in the 2019/20 business year 60% of these were due to requests for a delay from companies, 20% were CDF review

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topics that required rescheduling and the remaining 20% due to regulatory changes, ongoing commercial discussions with NHSE/I and non-participation from the company.

28. In late December the advertisement for 4 Assistant Health Technology Assessment Analyst positions was launched. These are new positions within the TA team which will provide real world experience whilst also funding part-time study for a master's degree in Health Economics. Earlier in January representatives from the TA and CCT team, alongside HR, held a networking event to showcase 'Behind the scenes of a health technology assessment' directly aimed at those interested in the assistant HTA analyst role. Speakers included current members of the technical team and the course director of the master's degree from the University of Sheffield.

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# Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against the directorate's business plan objectives during November and December 2019. The business plan objectives are listed at the end of the report.

2. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.

3. The Communications Directorate is responsible for ensuring NICE's stakeholders know about how NICE's work can help to improve quality and change practice in health and social care. We help to protect and enhance the reputation of NICE through daily contact with the public, media, parliamentarians and other key groups. And we contribute to ensuring NICE content meets users' needs and is easily accessible through our website and other channels.

## Performance

Communications support and strategic advice

4. We carried out targeted stakeholder communications to promote adoption resources published in November and December. The resources support the use of two 'rapid uptake products' identified by the Accelerated Access Collaborative: cladribine for highly-active relapsing-remitting multiple sclerosis in adults; and Heartflow analysis - an innovative diagnostic for coronary artery disease.

5. We created an online version of the NICE impact report on lung cancer care with interactive data charts. It was published during the pre-election period which restricted our ability to carry out stakeholder engagement and other communications activities to promote the report at publication. However, articles about it were featured in the NICE News and Update for Primary Care newsletters in late December when the pre-election period had passed. Stakeholder engagement activity for the report has been scheduled for January 2020.

6. We have now completed a full suite of online resources for local partnerships as well as digital versions of 2 new social care quick guides: helping to prevent winter deaths and illnesses associated with cold homes, and assessment and diagnosis of autism, what to expect.

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7.  We are making improvements to the structure of the corporate section of the website to streamline content. To support this work, we have procured a new tool to help us map the navigation and structure more clearly and to inform a new corporate content strategy.

8.  We are continuing to lead communications with staff on the London office move and NICE Connect, as well as on several campaigns including National Apprenticeship Week and Healthy Work Week.

## Audience insights

9.  Work has begun on an Implementation study, to explore what NICE's implementation offer should look like going forward, as well as capturing key metrics to track changes over time. The project consists of four phases, the first of which is to 'understand the current landscape' to ensure we build on existing knowledge and understanding. We'll then run a series of interviews with key stakeholders to understand their needs and expectations for NICE's implementation offer, before running more explorative co-creation workshops and then a final quantitative survey.

10. The team is part of the Connect User Insight Expert Group which will identify and plan for upcoming user insight needs in relation to NICE Connect.

## Editorial and publishing

11. In November and December, we prepared 238 documents for digital publication.

12. We prepared and published:

    - 3 new and 6 updated guidelines

    - 13 new and 0 updated guidance documents (diagnostics, medical technologies, technology appraisals, interventional procedures and highly specialised technologies)

    - 1 updated quality standards

    - 10 new and 0 updated advice products

    - 1 update to corporate documents (NICE style guide updated December)

    - 40 new and 1 updated information for the public

    - 114 evidence documents (18 html/converted documents and 96 downloadable documents)

    - 49 tools and resources (10 html/converted and 39 downloadable documents)

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13. In terms of NICE Pathways, in November and December we:

- Published 3 new pathways

- Fully updated 6 pathways

- Updated 19 pathways to take account of new guidance or advice (for example, adding new health technology guidance)

- Updated a further 26 pathways to add related pathway links or as maintenance updates.

14. In summary, there are now 276 live pathways, which consists of 2,283 guidance, advice and CKS products.

15. Working with colleagues in the corporate communications team, we have continued to provide one-to-one and team training sessions across NICE on accessible content development. The team is also updating templates to ensure NICE's products are accessible.

## Website performance

16. There were 3.2 million sessions on the NICE website in this reporting period and 415,000 sessions on NICE Pathways.

**Chart 1: Number of sessions on nice.org - November - December 2019**



[Download the data set for this chart](#)

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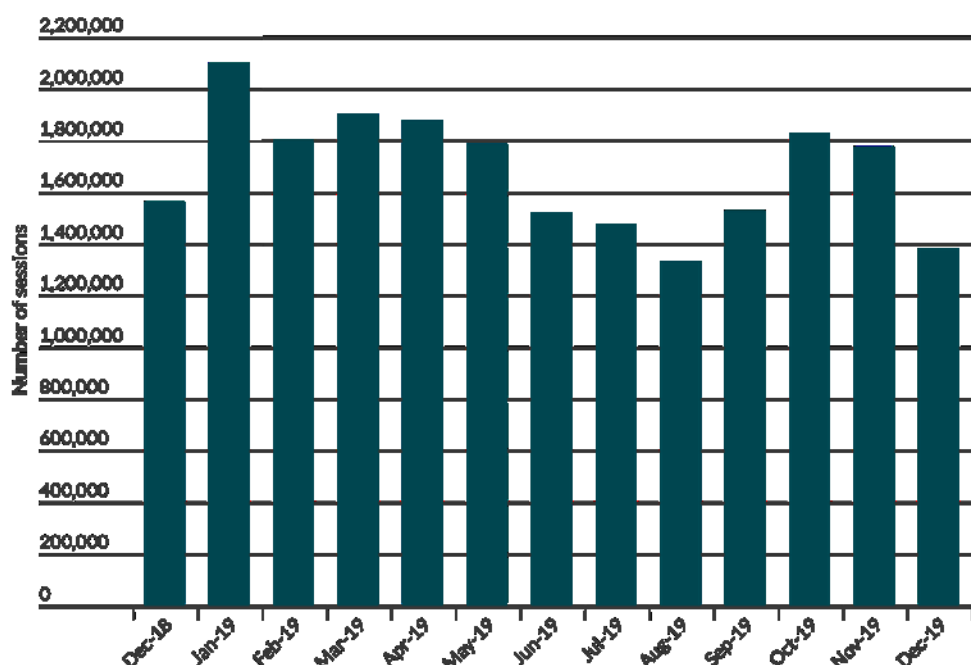
## Chart 2: Number of sessions on Pathways November - December 2019



[Download the data set for this chart](#)

## Enquiries

17. During November and December, we responded to 1,415 enquiries which included 27 Freedom of Information (FOI) requests. Due to the pre-election period we received no parliamentary questions and responded to only 5 MP letters.
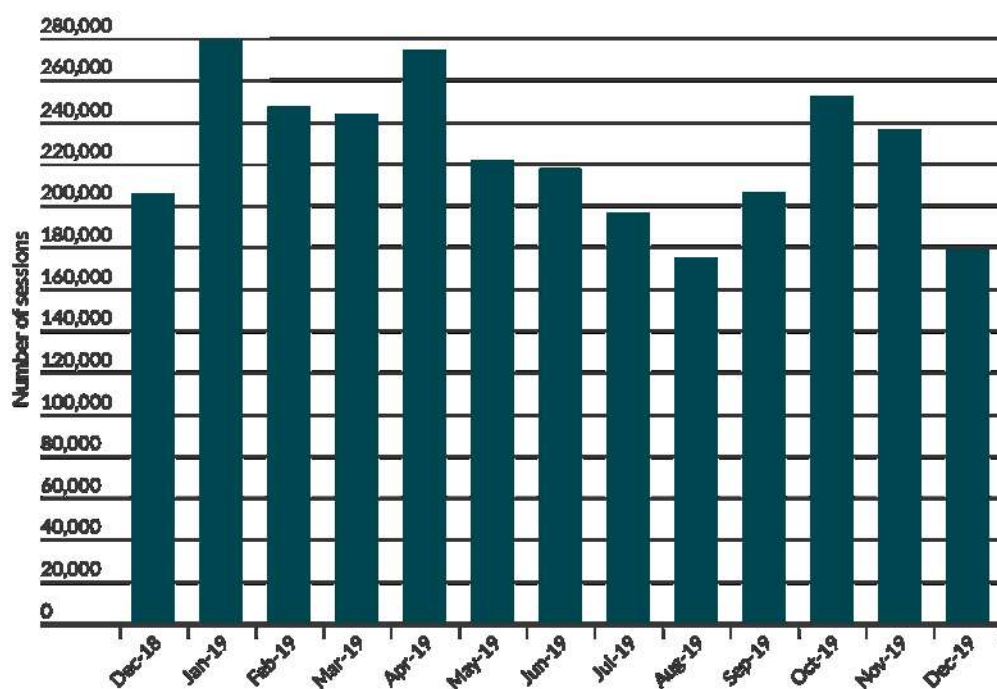
18. Three of the 5 MP letters related to our guidance on erenumab for migraine.

19. FOIs included a number of requests for redacted data within technology appraisal documents and information relating the provision of Orkambi to NHS patients.

20. Cannabis-based medicinal products received the greatest number of enquiries during this reporting period, closely followed by erenumab for migraine. We also received a number of enquiries about the guideline on thyroid disease, with 2 enquirers particularly unhappy with our recommendations on liothyronine and natural thyroid extract.

21. We are seeing an increase in the number of HM Coroner's regulation-28 reports, where we are asked to respond either directly or through the Department for

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Health and Social Care. In 2019/20 we have received 24 to the end of December compared with a total of 13 in 2018/19.

## Events

22. We delivered our first corporate webinar on the new Zoom platform on 21 November. The webinar featured colleagues from CHTE and the Public Involvement Programme presenting on the methods and processes review to more than 100 participants from patient organisations. The hour-long session included presentations and a panel discussion covering a wide range of pre-submitted and live audience questions. The CHTE team is using the questions to inform their thinking about the next stages of the CHTE 2020 review. The audience and staff gave very positive feedback on the webinar experience.

23. Our annual conference, *NICE 2020: Connecting evidence, people and practice*, will take place on 11 November 2020 at the Hilton Deansgate Manchester, with the Shared Learning Awards hosted the evening before. The NICE Conference programme has been approved by SMT.  Registration opens and the programme can be accessed from 22 January at www.niceconference.org.uk.

24. Plans are progressing for NICE to jointly host the 2021 HTAi annual meeting in Manchester alongside health Improvement Scotland and the All Wales Therapeutics and Toxicology Centre. The HTAi secretariat has confirmed the venue will be the Manchester Central Convention Centre. We have started the process to recruit a fixed term events manager and secure an events agency to support the delivery of this event.

25. NICE took our exhibition stand to three conferences during November and December: Acute and General Medicine conference, Care England Conference and the National Children and Adult Services Conference.

26. NICE staff delivered 7 speaking engagements, including Andrew Dillon at the 43rd World Hospital Congress in Oman, and Jeanette Kusel, Director of Scientific Advice, in panel discussions at BioBeat19.  Eighteen committee members spoke at 10 events during the reporting period.

## Media

27. Sentiment percentages for media coverage in November and December were as follows:

- Positive 81%

- Neutral 9%

- Negative 10%

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28. During the pre-election period, on 11 November, our final appraisal determination was published recommending a cannabidiol oral solution for Lennox-Gastaut syndrome and for Dravet syndrome under an improved commercial deal. The news featured on the BBC News at Six and Ten, in the print and online versions of [The Guardian](#) and the [Daily Mail](#), as well as the print version of the Daily Express and extensively in local and regional news outlets, regional commercial and BBC radio and trade publications.

29. Our neutral coverage during November and December included mention of NICE during tributes to former health secretary Frank Dobson who passed away on 11 November.

30. Coverage of our decision not to approve medical cannabis for a range of medical conditions, including chronic pain, led to negative news coverage in this period. This was featured by Sky News on television and [online](#).

## Social media and podcasts

31. Since the last reporting period we have seen an 11% increase in followers on LinkedIn – with a total number of followers now in excess of 52,300. Twitter continues to be our most popular channel with over 190,800 followers. Our posts on Facebook received over 316,300 impressions (number of times posts are seen), a 6% increase on the previous 2-month period. Instagram continues to receive high engagement from our followers with posts accumulating 802 likes or comments.

32. We released a 'year in review' NICE Talks podcast episode in December that summarised the biggest news and developments at NICE during 2019. This episode has received 957 plays.

# Notable issues and developments

33. In December SMT approved changes to the Communications Directorate which will see the establishment of a new team called Brand and Marketing Communications.  This new team will lead on a marketing approach to our communications work, especially in commercial activities such as NICE Scientific Advice and NICE International. The team will also increase our efforts to promote the NICE brand with our various stakeholders and users of our guidance.

34. Our new Associate Director for External Communications, Helen Jamison took up her post in early January.  Helen joins us from the Wellcome Trust where she was Head of Research Communications.  Before that she was the Deputy Director at the Science Media Centre. Helen holds a PhD in neuroscience/biomedical science from Oxford University.

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# Communication directorate objectives 2019-2020

35. Ensure guidance and related products from NICE are of the highest quality and that the publishing and editorial function continues to deliver outputs of the highest standard during the NICE transformation programme.

36. Design and deliver a rolling programme of audience research that supports and informs the corporate business objectives.

37. Deliver a programme of strategic communication activities which promote NICE's work and support the uptake of NICE's offer.

38. Contribute communication expertise to the Connect (pathways) project and lead the communications and audience insights work to deliver the proof of concept phase.

39. Ensure communications is centralised and coordinated in the directorate by taking an integrated approach to planning and delivering communications.

40. Shape and manage our resources in order to support NICE and its strategic objectives effectively and efficiently.

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# Evidence Resources progress report

1. This report sets out the performance of the Evidence Resources directorate against our business plan objectives during November and December 2019. It also highlights the usage performance of the NICE Evidence suite of on-line services at the end of December 2019.

2. The Evidence Resources Directorate is responsible for the following key functions and services:

   - We provide a high-quality information service to NICE centres and directorates;

   - We manage third party access and re-use of NICE content, including internationally;

   - We support the Centre for Health Technology Evaluation (CHTE) with their digital health evaluation programme;

   - We support NICE's digital transformation activities and maintain all NICE's live digital services;

   - We manage the provision of NICE Evidence Services.

## Performance

3. Performance against the Evidence Resources objectives for 2019/20 is summarised in this section.

### Information Services

4. A key objective of the directorate is to deliver efficient and high-quality information services to the NICE centres and directorates. In the last 2 months, alongside undertaking searches to support guidance development, work has focused on strategic developments, including:

   - On-going support to the CHTE 2020 programme, specifically to the topic selection and guidance process workstreams;

   - Continuing a range of research projects to improve the efficiency of the searching and sifting processes, including exploring the use of machine learning technologies.

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## Content re-use

5. A key objective of the team is to articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK. In the last two months, the team received 55 requests to re-use NICE content. Five content licences were signed. The total income invoiced year to date is £98,560.

## Digital Health

6. Our directorate is supporting CHTE to explore with NHS England the options for a digital health technology evaluation workstream, building on the Evidence Standards for Digital Health Technologies published in 2018/19. Over the last two months, we have focused on supporting the following activities:

   • Attendance at NHSX's AI mission delivery board and cross-regulatory working group, the CQC's technological innovation external reference group and NHSE/NHSX's innovator portal project team meetings;

   • Development and submission of three outline business cases to NHSX for accessing capital funds to support the regulation and evaluation of technologies with embedded algorithms and artificial intelligence;

   • Chairing the December meetings of the External Steering Group for NICE's pilot Digital Health Evaluation Pilots;

   • Continued promotion of the use of NICE's Evidence Standards for Digital Health Technologies including attending and presenting at the NODE digital health event in New York.

## Data Analytics

7. At the end of September 2019, the Data and Analytics team was moved to the Evidence Resources directorate until the new Science, Evidence and Analysis directorate is established. Key achievements of the team in the last two months include

   • Presenting an update to the November Board meeting. This included revisions to its Statement of Intent on the broader use of data and applied analytics in guidance development; and the proposed next steps for the Data and Analytics transformation programme;

   • Appointing a temporary Data Analytics Programme Manager to support delivery of agreed priorities between November and 31 March;

   • Representing NICE's data and analytic interests at key strategic external meetings/events including the Guidelines International Network annual conference; the Health Informatics sub-group of the Office of Strategic

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Coordination of Health Research and Health Education England's Building a Digital Ready Workforce inquiry.

## Digital Services

### Strategic planning

8. The first objective of the Digital Services (DS) team for 2019/20 is to plan and prioritise the allocation of NICE technical resources across a portfolio of activities, including life service maintenance, transformation projects and other operational priorities. In the context of the decision to merge the digital services team and the NICE IT teams, our portfolio of operational priorities has grown. In the last two months, the following activities have been prioritised by the team:

- Working with a consultancy to create our future Target Operating Model (TOM) for an integrated team, and accompanying strategy. Consultancy work will continue into January to support the next steps;

- Starting to plan a transition from our current managed IT service provider following their serving notice;

- Working with the Stratford 2020 IT working group and programme manager to plan the technical considerations and wider impact of the London office move for NICE;

- Procuring a strategic partner to start work in January 2020 to support the development of a data management and records management strategy for NICE and to work with our internal team on the roll out of Office 365 and move towards a digital workplace;

- Procuring a training provider and holding initial planning meetings to provide NICE-wide training on Microsoft Teams.

### Delivery of strategic digital services projects

9. Our second objective is to deploy our digital expertise to deliver business-led strategic projects in line with an agreed roadmap. Over the last two months activity has focused on:

- The Evidence Management platform (delivering web tools for searching evidence, systematic review needs and building an evidence surveillance capability): we have commenced development of functionality and rollout training to support rollout to collaborating centres in the first half of 2020;

- Completing initial work to support configuration of a new identity management solution to replace our current in-house 'NICE Accounts' solution. This solution will be planned for integration into our existing services over the course of 2020;

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- Operational Productivity: A multi-disciplinary team from across NICE has been gathering information on our current processes and data management practices associated with stakeholder contacts and planning information. This will inform our plans to replace our legacy Contact Database and Planning Tools.

**Live services maintenance and improvements**

10. Our third objective is to manage and maintain the live digital services of NICE utilising user insight and strategic service goals to prioritise use of resource:

- NICE Digital Services operated within the service levels (99.7%) agreed with DHSC for availability (uptime) with 99.98% average performance in the last two months;

- In the last 2 months, 24 defects were closed. In the same period, 3 Change Control Requests were completed.

11. Significant live service work has been undertaken to improve the accessibility of our services and meet public sector accessibility legislation.

12. We have begun work to upgrade the platform for our Medicines Awareness Service. This will complete in January 2020.

13. We have begun work to upgrade our NICE Pathways Service. This work will be completed by March 2020.

**Cross-cutting updates**

14. Recruitment: We have one Tier 2 application ongoing, and we are opening new developer vacancies to offer progression and development for team members. As a result of the new Target Operating Model there will be an immediate need for recruitment of priority roles to support an integrated Digital and IT team. These will be identified in January 2020 as part of the work to implement the TOM.

15. The team is predominantly made up of permanent staff members. To support capacity in some priority areas of our NICE Connect and live service work we have appointed 5 specialists who will be on short term contracts until end March 2020 to support targeted areas of work. Further short-term contracts may be required to support integration of the digital and IT teams and the London office move. These will be identified in January 2020.

16. Talent management update: To support the delivery of our technical strategy we are engaging with our existing cloud network providers. Technical training will be delivered as part of our ongoing technical strategy and Digital Services/IT

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integration plans. Usage of our internal online training tool continues to increase as team members complete courses targeted to their development.

17. External collaborations: NICE is continuing to work with the Faculty of Clinical Informatics (FCI), BCS, HL7 UK and NHS Digital to support the Mobilising Computable Biomedical Knowledge (MCBK) work in the UK. This is concerned with representing guidelines in a way that decision support systems can unambiguously interpret and present them to decision makers. Specifically in addition to attending steering group planning sessions, NICE has supported a joint research submission to Health Data Research UK on this topic and has also drafted a proposal to the Department of Health and Social Care for a further research project to be submitted in January 2020.
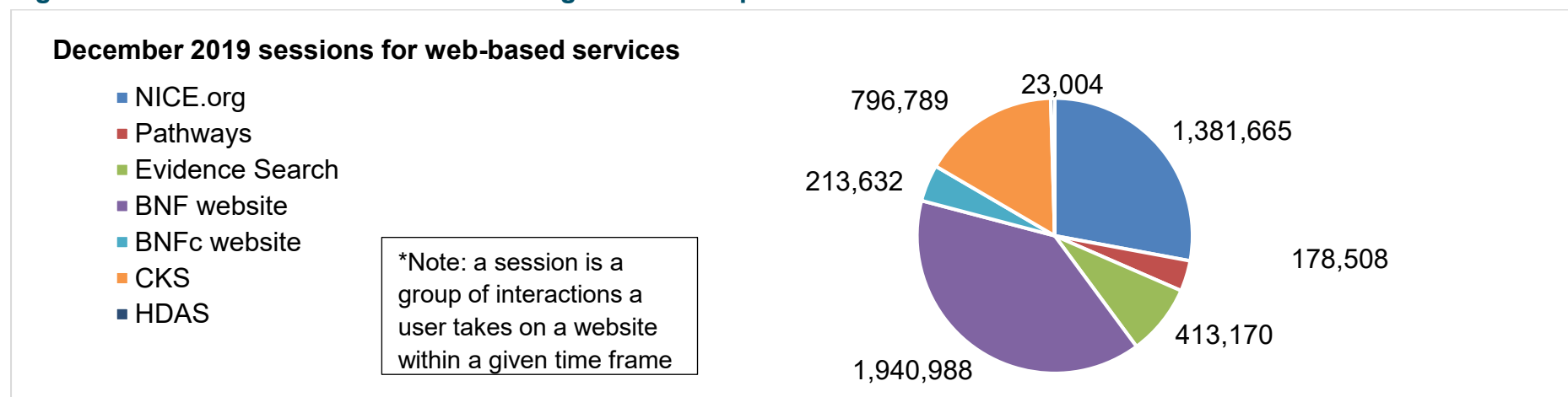
## NICE Evidence Services

18. A core objective of the directorate is to maintain and monitor the performance of NICE Evidence Services which include CKS, HDAS, the BNF microsites, Evidence Search, and the Medicines Awareness Service. Over the last two months, negotiation has continued on the England-wide licence to access the Cochrane library as the current licence ends in April 2020. An agreement for the next three years has now been reached, subject to contract. Work to upgrade the technology and infrastructure that supports the medicines awareness service is nearing completion and a new upgraded service will be launched by the end of the financial year.

19. To provide these services, a key objective of the team is to enable access to the new National Core Content collection and to procure any additional content in line with Health Education England's (HEE) commissioning decisions. We have met with HEE to agree how we can use analytics and surveys to explore the search behaviour and search needs of advanced searchers in relation to the HDAS service, to ensure this service remains relevant and fit for purpose.

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# Performance statistics for NICE Evidence Services

20. Figure 1 below summarises the position of all NICE's digital services at the end of December 2019, contrasting the relative size of the externally facing services of NICE, measured in number of 'sessions'. In December NICE digital services received under 5 million sessions in total which represented a million fewer sessions from the previous month (17% decline) but 10% growth in comparison with December 2018. Overall, NICE digital services have grown 22% in the last 12 months.

**Figure 1 and table 1: Overview of NICE's digital services performance as of December 2019**

**December 2019 sessions for web-based services**

- NICE.org
- Pathways
- Evidence Search
- BNF website
- BNFc website
- CKS
- HDAS

*Note: a session is a group of interactions a user takes on a website within a given time frame

23,004
796,789
1,381,665
213,632
178,508
1,940,988
413,170

download the data set for these charts

| Total sessions* in December 2019 across NICE web-based services | 4,947,756 |
|---|---|
| % year-on-year variance | 10% |
| % month-on-month variance | -17% |
| Total sessions for the full year ending in December 2019 across NICE web-based services | 64,090,698 |
| % year-on-year variance | 22% |

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**Figures 2-4: Performance of services providing access to 'other evidence' as of December 2019**

21. Figures 2-4 below detail the performance of the 3 services which provide access to evidence beyond that produced by NICE: Evidence Search, Clinical Knowledge Summaries (CKS) and HDAS.

- Sessions to CKS grew 22% year-on-year in December and in the last 12 months this service has seen a 33% increase in traffic.

- This service almost reached the level of sessions from 2017/18 (before it was impacted by changes in Google algorithms) which is encouraging.

- During the Christmas season sessions on HDAS remained similar to last year.



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## Sessions on CKS



Legend: 2017/18, 2018/19, 2019/20

## Sessions on HDAS



Legend: 2017/18, 2018/19, 2019/20

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## Figures 5-6: Performance of services providing access to BNF content as of December 2019

Figures 5-6 illustrate the performance of our BNF and BNFc microsites. These services also performed well in December and they grew year-on-year 21% and 49% respectively.
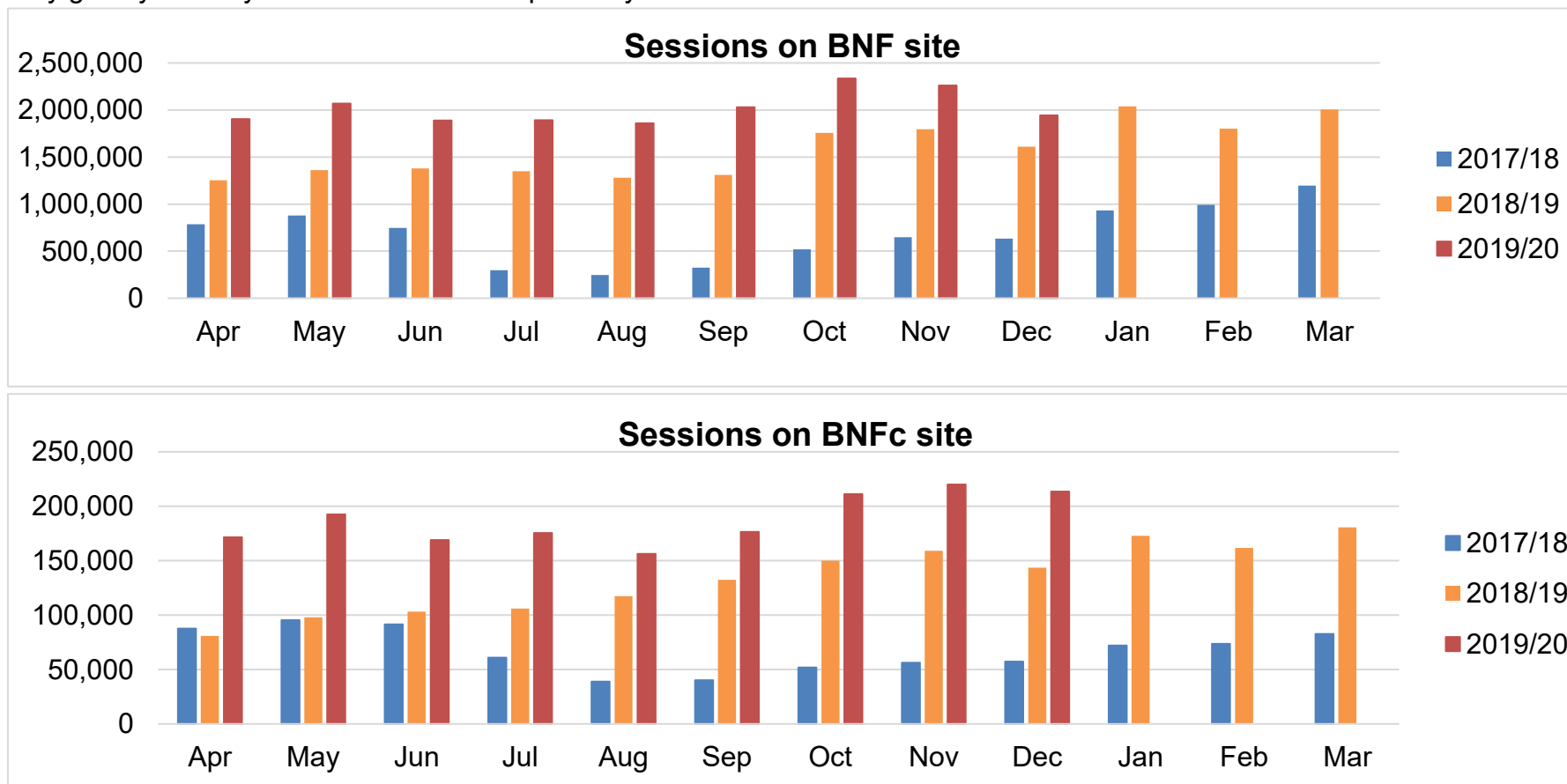
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# National Institute for Health and Care Excellence

# Health and Social Care Directorate progress report

1.  This report sets out the performance of the Health and Social Care Directorate against our business plan objectives for November and December 2019. A summary is also provided for areas of work that have seen significant progress and are of note for the Board.

2.  The Chief Executive's Report details the delivery of quality standards.

## Performance

3.  The directorate has achieved its business plan deliverables for this reporting period and progress is set out below.

4.  Key publications for this reporting period are detailed in Appendix 1.

### Deliver and support the adoption of accessible, up to date and adaptable advice, fully aligned to the needs of our users

### Public Involvement

5.  The ratio of applications to vacancies for lay members on committees during the reporting period was 6.4:1, with the target being 2:1 or greater (45 applications were received for 7 vacancies).

6.  Eighteen patient experts were identified to give testimony at committee meetings and at NICE's Scientific Advice meetings, and 3 people were co-opted as specialist committee members onto Quality Standards Advisory Committees.

### National strategic engagement

7.  In May, the directorate presented to the Board a plan for strategic engagement during 2019/20, which included a set of deliverables and metrics for engagement at a national and regional/local level. The metrics are on track except for 2: supporting mental health strategic clinical networks to understand and use NICE guidance and standards; and engagement with regional networks of principal social workers for adult services. Both metrics are anticipated to be achieved by the end of Quarter 4.

8.  A meeting was held with Hugh McCaughey, National Director of Improvement, NHS England and NHS Improvement, to discuss the development of the draft National Improvement Framework and how NICE guidance and standards would

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feature in this. Professor Gillian Leng has been invited to be a member of the National Board overseeing the framework development, and NICE will also be represented on the regional workstream.

9. NICE has been a member of the judging panel for the Skills for Care Accolade Awards and is sponsoring the 'Most effective collaborative approach to integrated new models of care' category. Awards will be presented at the ceremony being held in January.

10. We have also secured agreement to be a partner for the Chief Allied Health Professionals (AHP) Awards in 2020. This year the NICE Into Action category will aim to attract entries from AHPs working in a social care role.

11. As part of the Quality Matters initiative to explore how social care commissioners and providers can use data to improve quality, NICE has worked with Skills for Care and CQC to support workshops in London and Manchester. A range of ideas, case studies and approaches were explored, and an action plan is being produced to ensure outputs integrate with the Think Local Act Personal Making It Real framework.

## Regional and local strategic engagement

12. Sir Andrew Dillon and Professor Gillian Leng began a series of meetings with the new NHS England and NHS Improvement regional directors in December, with Sir David Sloman, Regional Director for London. Meetings in all other regions will be held in the new year. The aim of the meetings is to understand the ambitions for the new regions, and to determine where NICE guidance and advice can usefully support their priorities.

13. NICE resources for sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) continue to be promoted, with presentations delivered to all STPs/ICSs across the Midlands and East regions in November. STPs like the focus on addressing local challenges such as reducing unnecessary hospital attendances, through better detection and management of respiratory conditions. The resources' potential for supporting a population health management approach is also welcome.

14. The suite of topic specific NICE resources for local partnerships (available on an information sharing portal) is complete and now includes resources for mental health, respiratory care and maternity care.

15. In November, NICE delivered a session to the Regulation and Quality Improvement Authority (RQIA) inspectors in Northern Ireland as part of their annual study week. This focused on key guidance from NICE to support patients' care in the care home setting, such as nutrition, hydration, dementia and oral health.

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16. At its contracting and procurement network in December, the East of England Association of Directors of Adult Social Services (ADASS) approved revisions to the regional social care contracts to align with, and reflect NICE guideline recommendations in Oral health for adults in care homes. The regional quality assurance metrics have also been revised to reflect these changes. NICE is also supporting the network to develop improvement resources for quality assurance officers and social care providers.

## NICE Connect

### Engagement and communication

17. In November a NICE Connect workshop was held with stakeholders from government, NHS, industry and the research community to share and discuss our approach to the processes and methods for positioning medicines and technologies in care pathways. The workshop featured presentations with insights from previous NICE work on positioning treatments in our guidelines, technology appraisal and diagnostics assessment programmes. The stakeholders provided feedback on our proposed approach and advised on how they would like NICE to proceed with this work. The outputs from the workshop were signed off at the methods, processes and analytics expert group and have been used to develop the methods and processes specification. The taskforce formally commences in January 2020.

18. Three lunch and learn sessions took place in November and provided more detail to staff about what we want to achieve through the transformation programme and how we intend to approach delivery of this complex multi-year programme. Presentations have also been delivered at the Quality & Leadership programme away day and to the Doctors at NICE group.

19. A corporate video has been produced to help explain NICE Connect to NICE's audiences. This was presented to the NICE Board in December and will be rolled out to wider audiences in January.

### Resource and governance

20. The new Programme Director for Transformation, Guy Butler, commenced in post on 6 January 2020. The specialist roles within the transformation unit have been agreed and recruitment for additional posts will proceed in the New Year.

21. The NICE Connect governance framework has been agreed.  This includes the senior leadership of the programme, the expert groups, the delivery group and component taskforces. In addition, it provides a framework for those parts of the organisation that provide strategic advice, specialist expertise and compliance assurance to the Connect programme, including the transformation unit and the people, resources and governance unit. An internal audit is scheduled to take

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place by the end of March 2020, which will review the governance framework that has been put in place.

22. The operational productivity task force presented its findings in relation to their first discovery stage of work. This covered analysis of our timelines, contact system and business processes.

23. All expert groups are operational and progressing with defining the organisation wide priorities. The remaining elements of the CHTE 2020 programme have been incorporated into the Connect programme through the methods, processes and analytics expert group.

24. Priorities for the next financial year were considered at a NICE Connect planning afternoon in January where we:

   • Reflected on the commitments made to the Board, and discussed the priorities and activities needed to deliver these commitments.

   • Identified key priorities and activity components needed to deliver NICE Connect.

   • Discussed the key dependencies that could prevent us progressing.

   • Determined the high-level sequencing of work, including a high-level assessment of complexity and resource requirements.

   • Identified early, potential quick wins that have low complexity and minimal dependencies.

25. The NICE Connect business plan for 2020/21 has been drafted and meetings are being held with Senior Management Team (SMT) expert group leads to refine it. Further detail is now being included to take into account the January discussions. An SMT time out session was held in December to provide strategic input to the planning process including the approach to change, strategies for guideline development and digital, the people, resources and governance unit, priority recruitment and external challenge.

## Notable issues and developments

26. This section includes significant developments or issues that occurred in the reporting period.

### NHS Long-Term Plan

27. Letters have been sent to Programme Board chairs for maternity, learning disabilities and autism, cardiovascular disease and respiratory conditions to outline where NICE guidance and related resources can help support the implementation of the NHS Long Term Plan.

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28. NICE is a member of an NHS England and NHS Improvement national advisory group that has been brought together to help develop a Personalised Palliative & End of Life Care Delivery plan for 2020–25.

## Quality Improvement

29. A workshop on quality standards was held at the Adult Social Care National Commissioning and Contracting Training Conference. All participants reported the workshop increased their knowledge of quality standards and likelihood of using them in practice. Feedback collated will help inform future development of quality standards.

## Medicines and Technologies (M&T) Programme Product Review

30. In November, the M&T programme presented a review of its published outputs to the senior management team. The feedback had been gathered through a review of information from the field team, NICE enquiries and Google analytics along with a series of semi-structured interviews with 75 external stakeholders and focus groups. Recommendations included:

- A review of the methods and processes for resource impact assessment (the approach NICE uses to determine the actual costs to health and social care organisations of implementing NICE guidance).

- Products to be retired including adoption support resources, interventional procedure audit tools, audit publications planner and the NICE uptake database.

- The development of adoption support resources with the Accelerated Access Collaborative

- The replacement of interventional procedure audit tools by highlighting audit measures in the guideline.

- Refreshing all retained products to ensure they continue to meet the needs of our users.

31. SMT supported the recommendations and these will be implemented in 2020.

## Support for Implementation

32. We continue to work with NHS RightCare to use NICE guidance in developing toolkits for clinical commissioning groups and STPs. The [NHS RightCare Headache and Migraine Toolkit published](#) in December and was informed by NICE guidance and associated products.

33. In December, the Guideline Resource and Implementation Panel (GRIP) implementation statements for abortion care and end of life care were published.

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# Appendix 1: Publications

The table below provides a list of guidance and advice produced in the reporting period (November and December 2019).

| Product title | Product type |
|---|---|
| | |
| Cladribine (TA616) – adoption support statement | Adoption support |
| Managing Malnutrition in COPD | Endorsement statement |
| S.M.A.R.T. - Skin Moisture Alert Reporting Tool | Endorsement statement |
| Surgical Site Infection Prevention Video Series | Endorsement statement |
| Antimicrobial prescribing: meropenem with vaborbactam | Evidence summary |
| Antimicrobial prescribing: ceftolozane with tazobactam for treating hospital-acquired pneumonia, including ventilator-associated pneumonia | Evidence summary |
| New MHRA drug safety advice: September to November 2019 | Medicines Evidence Commentary (MEC) |
| East of England Stroke Telemedicine Stakeholder Partnership | Shared learning example |
| Urolift – a community-based alternative treatment for Benign Prostatic Obstruction (BPO) | Shared learning example |
| Adoption of high-sensitivity cardiac troponin for early rule out of Acute Myocardial Infarction (AMI) at the Royal Wolverhampton National Health Service (NHS) Trust | Shared learning example |
| Developing and implementing Peristeen Transanal Irrigation pathway for spinal injury inpatients -auditing against NICE MTG36 | Shared learning example |
| End of Life Care Rapid Transport Service | Shared learning example |
| Adoption of HeartFlow in Royal United Hospitals Bath NHS FT | Shared learning example |
| Screening secondary care patients for atrial fibrillation: The SOS-AF service | Shared learning example |
| Adoption of high-sensitivity cardiac troponin for early rule out of NSTEMI at Belfast Health and Social Care Trust | Shared learning example |
| Helping to prevent winter deaths and illnesses associated with cold homes | Social care quick guide |
| Enabling positive lives for autistic adults | Social care quick guide |
| NICE Impact lung cancer | Topic based impact report |

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# National Institute for Health and Care Excellence

# Laptops and workstations - new equipment for a new mobile working environment

The Board will be aware that as we move to our new offices in Stratford, east London, the way in which our staff will access personal computing will change. We have therefore decided to move the whole organization over to laptop access in preparation for this change.

Time is of the essence for two reasons: first, because we have the opportunity to access funds to make a bulk purchase of laptops and associated equipment in the current financial year, and second, because we need to begin to make the transition as early as possible in advance of our move to Stratford. We have discussed doing so with the Department of Health and Social Care and they consider that it will be an appropriate use of our resources.

This paper sets out the proposal for purchasing laptops and seeks the Board's approval for doing so. The Board needs to provide authority because the expenditure is not included in the Institute's business plan.

The Board is asked to approve the expenditure up to a maximum of £650,000.

Alexia Tonnel

Director, Evidence Resources

January 2020

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# Background

1. In October 2019, SMT made the decision to transition from using 0-Client desk devices (a kind of mini server) to laptops. This decision came as a result of the move to our new London office in Stratford and the need to align the NICE hardware estate to the approach used by the other Arm's Length Bodies. Laptops, and associated softphones will be used across the desk areas, the informal meeting space and small meeting rooms, to support voice calls as well as video conference calls using MS Teams and Zoom, amongst other technologies. To embrace this new way of working, we will need laptops and new workstation equipment for all NICE staff.

2. Changes in the London office will need to be carried across into the Manchester office to provide consistency of operation and to enable home workers to travel and continued effective working between locations.

3. Whilst the move to Stratford is not until November 2020, access to laptops and ancillary equipment is required soon as we need to transition to the new ways of working well in advance of the physical office move.

4. We are being encouraged by the Department of Health and Social Care to use our 2019/20 underspend to purchase the equipment we require. As this is not in the business plan for 2019/20, we are asking the Board to formally approve this purchase.

5. Consideration has been given to the leasing of laptops. Leasing offers some advantage in phasing costs, however, given the pressing need to change our ways of working and the underspend that we have accumulated in this financial year we feel purchasing is the best option. Leasing may be considered at a later date as part of the equipment renewal cycle.

# Laptop number and cost

6. We have identified 3 main types of future laptop users at NICE:

   • Power users who require high processing power machines - for digital development, data manipulation/ modelling, video creation and image editing.

   • Standard office users who spend most of their time in the office environment and need medium performance technology.

   • Mobile workers who will benefit from a slightly lighter machine, with more battery time and more collaborative working features (such as the ability to use the laptop as a tablet).

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7.  The majority of users will fall under the 'standard office user' category and the total laptop cost will be impacted by the laptop specification we target for this user group. It is important that we need to future proof our selection to ensure staff can take full advantage of mobile and collaborative working opportunities that the right technology can enable.

8.  We estimate that a maximum average budget of £1,000 per laptop will cover the higher cost of the power user and mobile worker machines whilst allowing NICE to negotiate an attractive specification for the standard machine. The standard user machines will be cheaper. Our current estimated maximum spend is therefore calculated on this basis.

9.  Across the three types of users, there are currently about 220 laptops in circulation (excluding meeting room laptops) that are deemed suitable for the new office environment. In total, if all staff had a machine, we could require up to 720 laptops. This means we need to acquire up to 500 laptops to set up NICE's new ways of working.

# Ancillary equipment

## Docking stations

10. For the laptops to work in the office, we will require docking stations. Docking stations provide sockets for keyboards and mice, monitors and Ethernet cable for fastest connection to the network. They can also be used to recharge the laptop. Their main function is to simplify the connection process and protect sockets.

11. We will aim to buy docking stations that are universal and work with all types of laptops we provide to staff. In practice however, universal compatibility is not guaranteed and docking stations will be tested with our laptops of choice.

12. We are currently working on the basis of a £175 cost per docking station.

## Desk softphones

13. For telephony to work in new ways of working, we will require desk softphones. These will plug into the docking station and provide telephony via the laptop.

14. We are currently working on the basis of a £130 cost per softphone.

15. As docking station and softphones may be funded by DHSC as part of the Stratford fit-out so we only propose acquiring these for the Manchester office and for home workers at this stage - up to 500 of each.

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# Total estimated cost of the equipment

16. We require approval of the Board to acquire laptops and workstation equipment of a value of up to £650,000 using underspend from our 2019/20 budget.

17. The cost has been estimated in the following way:

|  | Maximum number | Value | Total cost |
|---|---|---|---|
| Laptops | 500 | £1,000 (proposed maximum value) | £500,000 |
| Docking stations | 500 | £175 (estimated) | £87,500 |
| Softphones | 500 | £130 (estimated) | £65,000 |
| Total |  |  | £652,500 |

# Risk assessment

18. There are risks associated with this purchasing decision. These risks are deemed acceptable given the opportunity cost, in terms of budget in 2020/21, of delaying the purchasing decision.

| Risk | Mitigation |
|---|---|
| A detailed assessment of NICE user needs, especially in the context of the future Digital Workplace strategy, has not taken place to define user profiles. Proposals have not been tested with users | A high-level assessment of needs has been undertaken instead based on simple characteristics. Advice from another ALB (CQC) has been sought where a similar approach is used there. |
| Specification of laptops is suboptimal for each user profile | By using the existing HP brand and looking at upgrading from existing specification, we minimise the risk of buying machines that are not usable or accepted by staff. |
| The usability of softphones has not been tested with users | We are making a trade-off between the risk of delaying purchase and the risk of staff not accepting softphones. However, the use of softphones is effectively mandated by the move to Stratford so user engagement may be less critical. |
| Optimum alignment with Stratford arrangements cannot be guaranteed | We cannot afford to wait longer to buy our laptops or docking station for Manchester. However, we are not proposing to buy docking stations for Stratford yet. |

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| There is nowhere to store the machines when they arrive in March 2020. | We will use a meeting room, preferably in Manchester, to store and build the machines, and start distributing laptops as soon as possible. |
|---|---|
| There is currently insufficient capacity in the IT help desk to support the deployment of so many machines (approximately 100 a month to be ready for the summer). We may not be able to distribute the machine. | This is an issue but should not delay the acquisition of the machines.<br><br>We will investigate the use of a managed laptop service to be introduced in early 2020/21. Else we will need to use the existing supplier or hire new staff immediately. |

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