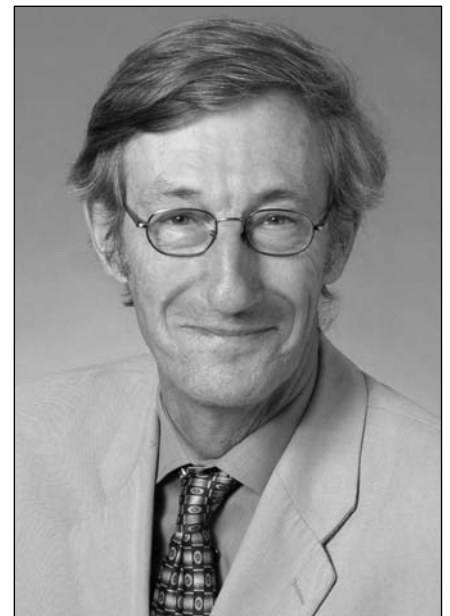


Being NICE: Making the best use of our health resource

Professor Sir Michael Rawlins, Chair of NICE, highlights the challenges ahead for the National Institute for Health and Clinical Excellence (NICE) in providing national guidance on the promotion of good health and the prevention and treatment of ill health



Along with the expected complexities of working in, and on behalf of, a rapidly changing health system it has been an important eighteen months in the evolution of NICE's programmes. Having taken on responsibility for producing public health guidance for the wider public health community, after merging with the Health Development Agency in April 2005, the Institute has now produced two pieces of public health interventions guidance (smoking cessation and physical activities interventions). And much more is to come with public health programme guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children expected in November 2006.

NICE has also developed a fast-track appraisal process for assessing new life-saving drugs more quickly. Known as the "Single Technology Appraisal" (STA) process, this will assess the clinical and cost-effectiveness of treatments in parallel with the licensing process.¹ The first such drug to gain approval through this scheme has been the breast cancer drug Herceptin, and more are on the way.

NICE is rarely out of the headlines. The *quid pro quo* of inclusiveness and consultation means that NICE

guidance often takes longer to produce than many stakeholders would like.² We have been acutely aware of this, and have responded by introducing the new "STA" process. Equally, we appreciate the need for some of our guidelines to be developed in a speedier manner – especially where there is urgency and/or the topic covers a relatively small area.

We are also prepared to be flexible revising our existing guidance when important, new evidence emerges. Our clinical guideline on hypertension, for example, was revised in collaboration with the British Hypertension Society to take account of the findings of the ASCOT trial. As a consequence, an amended version of our guideline was published well before the planned review date.

We are also continuing to provide support to the NHS in implementing our advice. Our implementation programme now offers a range of tools and resources to help the introduction of our guidance at the time of, or soon after, its publication. Our aim is to do everything we can to make sure that those to whom our guidance is directed are able to benefit fully.

Our new public health programmes will provide guidance on promoting good health and preventing ill health. This will include supporting

the public in making better, and more informed, choices; and it will provide the NHS, local authorities and the wider public health communities (especially the voluntary sector) with guidance about effective and cost effective measures to achieve these same goals.

The merger of NICE and the HDA was seen, by some, as a cost-cutting measure. It is true that the merger has saved money; but the synergies between the two organisations means that the "new" NICE is more than the sum of the two parts. It has ensured, for example, that public health considerations are starting to permeate NICE clinical guidance as has occurred with advice on the prevention of tuberculosis and the prevention of obesity.

NICE guidance

NICE now produces guidance for health professionals, patients and the wider public in three areas:

Public health: guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sectors.

Health technologies: guidance on the use of new and existing medicines, devices and procedures within the NHS.

Clinical guidelines: guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

For all these forms of guidance, the Institute takes account of evidence-based effectiveness and cost effectiveness. The requirement to consider economic issues, laid out in our statutory instruments, is sometimes controversial but inevitable.

Who chooses the topics for NICE's work programme?

Ministers are responsible for selecting the topics for all NICE's programmes. Full details of the process they follow can be found on the Department of Health website at www.dh.gov.uk.

Suggestions for topics about which NICE should develop guidance come from a number of sources including healthcare professionals, patients, carers, the general public, the National Horizon Scanning Centre and the Department of Health's National Clinical Directors. Until July this year the topic selection process was undertaken by the Department of Health. This has now been devolved to NICE itself; and although ministers will have the final responsibility for topic referral each will be worked up by the Institute's staff.

Geographical remit

NICE produces technology appraisals and clinical guidelines for the NHS in England, Wales and Northern Ireland, and public health guidance for the NHS and local government in England. NICE's guidance on the safety and efficacy of interventional procedures, which

decides whether interventional procedures are safe and work well enough for use in the NHS, covers England, Wales and Scotland. Other guidance for the NHS in Scotland is developed separately by NHS Quality Improvement Scotland (technology appraisals) and the Scottish Intercollegiate Guidelines Network (SIGN).

Although NICE has no responsibility for healthcare outside the UK, there has been an extraordinary interest in its evolution, methodologies and effectiveness. Analogous institutions have now been established in Greece, Germany and France; and a Portuguese agency will begin work shortly. Our website also has visitors from across the globe.

How will NICE fit into the public health sector?

NICE guidance supports evidence-based decision making by the public health community at large. The public health topics which have been selected are those which are associated with the major avoidable forms of ill health and premature death. They include measures to reduce tobacco and alcohol consumption, to encourage exercise, to promote better nutrition, and to improve sexual health. They will also incorporate approaches to reducing substance misuse and sustaining mental health.

How does NICE fit into the NHS?

NICE and the National Service Frameworks are responsible for setting clear national standards for NHS services and treatments. The Department of Health's document

Standards for Better Health sets out how NHS organisations should respond to NICE guidance.

NHS Primary Care and Hospital Trusts are responsible for commissioning and delivering high quality healthcare. This is done through their clinical governance arrangements and are underpinned by modernised regulation of health professionals (including continuing professional education). The Healthcare Commission plays a special role through its clinical governance review of Trusts' performance. Further information can be found in *Assessing the Standards* at www.healthcarecommission.org.uk.

The future

NICE will continue to serve the clinical and public health communities. In doing so it must demonstrate that it is using taxpayers' money effectively, and with tangible benefits for patients and the public. Unquestionably, its most difficult task is to explain to the professions, patients and the public that there is a finite limit to NHS resources. It is the Institute's responsibility, in giving advice to the NHS, to consider the best interests of all those who depend on the NHS for their care balancing fairness with the common good.

¹ Unlike the NICE process, which has up till now only assessed licensed drugs for their clinical and cost-effectiveness which have been specifically referred to us by the Department of Health, all drugs must first of all receive a marketing authorisation, based on whether they are safe and whether they work, from the Medicines and Healthcare Products Regulatory Agency (MHRA) or at a Europe-wide level from the European Medicines Agency (EMA) before they can be freely prescribed.

² The Department of Health has however made it clear to the NHS in guidance that it is not acceptable to refuse a treatment simply because NICE guidance does not yet exist. The NHS must make its own assessment based on available evidence.

NICE was established, in 1999, as the National Institute for Clinical Excellence and further information can be found in *The New NHS, Modern and Dependable* and *NHS Wales, Putting Patients First* and in *A First Class Service: Quality in the New NHS*, published by the Department of Health, and *Quality Care and Clinical Excellence*, published by the Welsh Assembly Government. Information about the HDA can be found in *Saving Lives, Our Healthier Nation* and *A Research and Development Strategy for Public Health*. These documents are published by the Department of Health: visit the Department of Health website at www.dh.gov.uk