

Date: Wednesday 23 January 2002
Venue: Committee Room 1, National Assembly for Wales
Title: Annual Report of the National Institute for Clinical Excellence

Purpose

1. Senior representatives from the National Institute for Clinical Excellence (NICE) will deliver a presentation to the Committee based on the Institute's Annual Report and progress since their previous appearance before Committee on 18 November 1999. This is intended to provide the Committee with the opportunity to discuss progress to date, direction of travel and any other key issues.

Format and Content of Presentation

2. A copy of NICE's [Annual Report](#) has previously been provided to Committee members for information. Details of the Institute's structure and functions are at Annex 1.

3. The presentation will be given by Professor Sir Michael Rawlins (Chair), Andrew Dillon (Chief Executive) and Roy Luff (Non-Executive Director).

4. The Powerpoint presentation will last about ten minutes and will review the Institute's performance over the last 12 months and plans for the forthcoming year. There will be opportunities for detailed questioning.

Background

5. NICE was established as a Special Health Authority with an England and Wales remit in April 1999. It promotes:

- clinical excellence;
- the effective use of available resources in the health service; and
- consistent high quality standards and fairness of access to treatment across the NHS.

Progress

6. Since 1999, the Institute has published 31 technology appraisals, 4 clinical guidelines and completed 8 clinical audits. A full list of completed appraisals and guidelines is at Annex 2.

7. NICE has established six National Collaborating Centres to develop clinical guidelines and undertake clinical audit for the NHS. They are:

- Acute Care;
- Chronic Conditions;
- Mental Health;
- Nursing and Supportive Care;
- Primary Care; and
- Women and Children's Health

8. Further details are at Annex 3. While the development of these centres have enabled considerable progress in developing guidance, NICE has indicated that it has limited capacity to take on new work and discussions are currently taking place between NICE and officials at the DoH and National Assembly to consider whether there is scope to extend this capacity.

9. The Committee may wish to discuss with NICE how Wales might help address this capacity problem

Establishment of Citizens Council

10. NICE is aiming to establish a Citizen's Council as soon as possible, and plans to hold the first meeting in 2002. This Council will be made up of members of the public who will be brought together to clarify the values which should be used to inform NICE's decision making.

11. The Committee may wish to discuss with NICE the extent to which the views of Welsh Citizens will be secured.

Implementation of NICE guidance

12. Implementation of NICE guidance is variable across England and Wales. NICE has already undertaken some work around implementation issues and we have gathered information from Health Authorities, Trusts and Local Health Groups in Wales on the position [Annex 4].

13. During the 2001 Budget Planning Round, the Minister decided that additional funding should be made available to health authorities as a contribution towards costs and developmental pressures, including implementing NICE recommendations. An additional £10.5 million has been included in the 2002-03 health authority revenue allocations. This is on top of funding for such costs, within health authority baseline allocations discretionary allocations. The allocations also include funding for GP prescribing. Together these should enable drugs and other new treatments as recommended by NICE to be funded from within health authorities' overall allocations.

14. Lord Hunt announced on 5 December that, in England, Health Authorities and Primary Care Trusts will be required to make funding available for the implementation of NICE guidance.

15. The Welsh Assembly Government will also be issuing directions to the NHS in Wales to ensure that adequate funding is made available for the implementation of NICE guidance in Wales. This may mean that health authorities will need to plan to provide additional funding from within their discretionary, or drugs prescribing, allocations, to ensure compliance with the directions.

Other issues

Dissemination

16. NICE is currently having an independent review of the way that it disseminates its guidance. The Institute currently disseminates its guidance using a variety of methods including: paper-based systems, electronic media (including the NICE web site), partnerships with professional and patient/carer organisations and existing routes of communication and dissemination.

17. The Review includes consultation with the wider NHS, individual healthcare professionals and patients & their carers; and it will benchmark its findings against current best practice across the public and private sectors. It aims to secure a dissemination strategy that is responsive to the needs of all stakeholders, allows efficient and cost-effective dissemination of guidance within limited budgets and makes best use of emerging technology. The Review will be complete by March 2002.

18. Through its bi-lingual website and patient information leaflets, NICE has made progress in disseminating its guidance in the Welsh language.

19. The Committee may wish to offer suggestions regarding the Institute's dissemination of guidance

Health Select Committee investigation of NICE

20. The Health Select Committee has announced that it will be conducting a short inquiry into NICE and will be hearing evidence from NICE and others during January 2002.

Kennedy Report

21. Several of the recommendations made in the Kennedy Report into the Bristol Royal Infirmary have the potential to impact on the structure and role of NICE. NICE published its response to the Kennedy Report on 19 September 2001. The Welsh Assembly Government will make its response to the Kennedy Report on 17 January.

CONSTITUTION AND FUNCTIONS

1. The National Institute for Clinical Excellence (NICE) is a Special Health Authority with an England and Wales remit to promote clinical excellence and the effective use of available resources in the health service. Operating on an England and Wales basis ensures that good practice is identified wherever it is developing and promulgated widely across the NHS for the benefit of all patients. It promotes consistent high quality standards and fairness of access to treatment across the NHS. The Institute, launched in April 1999, comprises a Board and a Partners Council.

2. The Secretary of State for Health and the National Assembly for Wales have jointly issued directions which instruct the Institute on its current functions. The Institute is accountable to both for its resources, delivery of its work programme and for guidance it produces for the NHS. Its functions are:

- to appraise the clinical benefits and the costs of such health care interventions as may be notified by the Secretary of State or the National Assembly for Wales and to make recommendations;
- to develop guidelines providing advice on good practice in the management of such diseases and conditions as may be notified by the Secretary of State or the National Assembly for Wales;
- to develop methods of clinical audit for the review of clinical care in relation to such matters as may be notified by the Secretary of State or the National Assembly for Wales;
- subject to the approval of the Secretary of State and the National Assembly for Wales, to disseminate, as appropriate and via an appropriate range of media, such recommendations, guidelines and audit methods throughout the NHS (including to NHS bodies, health service professionals, the Department of Health and the National Assembly for Wales) and to the general public;
- to look into and consider, for the purpose of advising the Secretary of State and the National Assembly for Wales with regard to possible improvements in the provision of health services and in the effective use of available resources, such other matters as may be notified by the Secretary of State or the National Assembly for Wales.

3. In addition the Institute may, subject to the approval of the Secretary of State and the National Assembly for Wales:

- consider and, as appropriate, endorse guidance prepared by other bodies concerning the clinical benefits of health care interventions and good practice in the management of diseases and other conditions affecting health; and,
- itself develop methods of clinical audit for the review of clinical care.

Factors the Institute must take into account

4. In exercising these functions the Institute is required to have regard to the following factors:

- the broad clinical priorities of the Secretary of State and the National Assembly for Wales (as set out for instance in National Priorities Guidance and in National Service Frameworks, or any specific guidance on individual referrals);
- the degree of clinical need of patients with the condition or disease under consideration;
- the broad balance of benefits and costs;
- any guidance from the Secretary of State or the National Assembly for Wales on the resources likely to be available to the NHS and any guidance from the Secretary of State or the National Assembly for Wales on such other matters as they may think fit; and,
- the effective use of available resources

Organisation

5. The Institute has a small staff complement of about 30. It works collaboratively with existing NHS organisations, including the Commission for Health Improvement, and with academic bodies working with the NHS. In this way, the Institute makes full use of existing resources as well as securing the most effective use of its own.

6. The Institute tries to be as transparent and inclusive as possible in its work. Routine work programme and initiatives, such as the development of out-patient referral protocols, are guided by groups which fully involve people from the NHS in England and Wales. Its public Board meetings are held in different parts of the country. They are preceded by lunch meetings with the local NHS and followed by question and answer sessions.

Performance management

7. National Assembly for Wales, Department of Health and the Institute officials have developed a good working relationship characterised by regular contact, complemented by a more formal structure of performance management built around:

- a cycle of annual review and agreement of three year corporate and one year business plans
- quarterly in-year monitoring
- annual accountability review

COMPLETED APPRAISALS

1. Alzheimer's disease - donepezil, rivastigmine and galantamine
2. Angina (unstable) and coronary syndromes - glycoprotein IIb/IIIa inhibitors
3. Arrhythmias - implantable cardioverter defibrillators
4. Asthma - inhalers for children under five
5. Attention deficit hyperactivity disorder (ADHD) - methylphenidate
6. Brain cancer - temozolomide
7. Breast cancer - taxanes
8. Breast cancer - taxanes - review
9. Cervical smear tests - liquid based cytology
10. Colorectal cancer - laparoscopic surgery
11. Diabetes (type 2) - pioglitazone
12. Diabetes (type 2) - rosiglitazone
13. Dyspepsia - proton pump inhibitors
14. Flu - zanamivir (Relenza)
15. Hearing disability - new advances in hearing aid technology
16. Heart disease (ischaemic) - coronary artery stents
17. Hepatitis C - alpha interferon and ribavarin
18. Hernia (inguinal) - laparoscopic surgery
19. Hips - prostheses for primary total hip replacement
20. Knee joints (defective) - autologous cartilage transplantation
21. Leukaemia (lymphocytic) - fludarabine
22. Lung cancer - docetaxel, paclitaxel, gemcitabine and vinorelbine
23. Motor neurone disease - riluzole
24. Obesity - orlistat
25. Obesity - Sibutramine
26. Osteoarthritis and rheumatoid arthritis - Cox II inhibitors
27. Ovarian cancer - taxanes
28. Ovarian cancer - topotecan
29. Pancreatic cancer - gemcitabine
30. Wisdom teeth - removal
31. Wound care - debriding agents

COMPLETED GUIDELINES

1. Pregnancy and childbirth - Electronic fetal monitoring
2. Pregnancy and childbirth - induction of labour
3. Myocardial infarction - prophylaxis for patients who have experienced an MI
4. Pressure ulcers - risk assessment and prevention

COMPLETED AUDITS

1. Audit programme for acute back pain guidelines
2. Caesarean Section Audit
3. Cataract Audit
4. Dyspepsia - helicobacter pylori
5. Evidence based prescribing for older people (EBPOP)
6. Management of venous leg ulcers
7. The Management of Stroke
8. The national sentinel audit of the management of violence in Mental Health settings

Annex 3

Collaborating Centres

1. NICE has established six National Collaborating Centres to develop clinical guidelines and undertake clinical audit for the NHS. Each Collaborating Centre is a professionally led group with the expertise, experience and resources to develop clinical guidelines and audit advice. NICE and the National Collaborating Centres are committed to involving patient/carers and healthcare professionals in the development of guidance through a robust and transparent process.

2. Patient and professional organisations whose members may be affected by a guideline or audit can contribute to the initial scope, formation of the development group and submission of evidence. They are also consulted on provisional guidelines before the final document is published. The Institute has also established two Units to support the development of clinical guidelines and audit by the National Collaborating Centres.

3. The six Collaborating Centres are:

- Acute Care;
- Chronic Conditions;
- Mental Health;
- Nursing and Supportive Care;
- Primary Care; and
- Women and Children's Health

4. The two support units are:

- National Guidelines and Audit Patient Involvement Unit
- National Guidelines Support and Research Unit

Annex 4

Information from Health Authorities, Trusts and Local Health Groups in Wales on the

implementation of NICE guidance

In Summer 2001, Health Authorities and NHS Trusts were canvassed to identify any issues related to the implementation of NICE guidance.

A number of Trusts identified a highly effective implementation system. This was that:

- the medical director receives NICE guidance and arranges its distribution;
- each department assesses their current performance against the guidance;
- an action plan is produced to achieve the required standards;
- a bid is made for extra resources, if needed; and
- a report is made to the clinical governance committee.

The issues affecting the successful implementation of NICE guidance which were identified by respondents were:

- local (clinician) disagreement with the NICE recommendation;
- funding both direct and indirect costs - NB. The National Assembly has included an additional £10.5 million in health authorities' 2002-03 revenue allocations, as a contribution towards cost and developmental pressures, including implementing NICE recommendations;
- time - clinicians and managers time required to make the necessary changes to implement guidance.