



Department
of Health

Triennial Review of The National Institute for Health and Care Excellence

A Review of The National Institute for Health and
Care Excellence (NICE) – Call for Evidence

Title: Triennial Review of the National Institute for Health and Care Excellence – Call for Evidence

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Target audience: Individuals, commissioners, practitioners, pharmaceutical industry, civil society groups, and other health institutions with an interest in NICE.

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Contents

Purpose of the review	4
Responding to the call for evidence.....	5
Useful links	6
The role of NICE.....	6
Call for evidence.....	8
Questions.....	9

Triennial Review of the National Institute for Health and Care Excellence (NICE)

Introduction

In recent years, the health and social care system in England has undergone substantial change. The Health and Social Care Act 2012 and the Care Act 2014 have devolved functions and powers away from the Department of Health to local and Arm's Length Bodies.

In this new system, the Department has the key stewardship and assurance function designed to ensure that the new system, and so the multiple new and reformed bodies within it, have the appropriate functions and are performing to a high standard.

To perform this stewardship function, the Department is putting in place Triennial Reviews of all of its Arm's Length Bodies. This includes all executive non-departmental public bodies (ENDPBs), advisory non-departmental public bodies (ANDPBs), executive agencies and special health authorities. As an ENDPB the National Institute for Health and Care Excellence (NICE) is subject to review in 2014-15.

The programme of reviews builds on the approach developed by the Cabinet Office as part of their work on Public Bodies Reform.

Purpose of the review

As noted above, this review is part of a wider programme that the Department of Health has developed as part of its stewardship and assurance function. The review will have two main stages:

- The first is to provide a robust challenge of the continuing need for NICE both in terms of the functions it performs, and the way in which these are delivered.
- If it is agreed that NICE should retain its current function and utilise the same delivery model, the second stage of the review will then consider its performance, capability and governance, as well as considering opportunities for efficiencies.

This call for evidence seeks views from respondents to assist its consideration of both of the above stages.

Scope of the review

On 20th November 2014, George Freeman (Minister for Life Sciences) announced the Innovative Medicines and Medical Technology Review to consider how our healthcare and regulatory systems can best respond and adapt to the new landscape of innovation. This review will start in 2015 and will report recommendations to the new Government. It will consider the pathways for the development, assessment and adoption of innovative medicines and medical technologies, including how NICE approves new technologies for use in the NHS in the short and longer term. It does not consider other facets of the role of NICE, such as quality standards and evidence services.

The Triennial Review of NICE will not be considering the detail of how NICE approves new technologies. Any evidence submitted on this element of NICE's work will be forwarded to the more specialised review for their consideration. Please bear this in mind when submitting your responses.

Responding to the call for evidence

In order to conduct the review in an open and transparent manner and ensure that the findings are rigorous and evidence-based, the review team is seeking views from a wide range of stakeholders. We are interested in the views of individuals and organisations that engage with NICE or have a wider interest in its operations. These stakeholders include, but are not limited to, individuals, commissioners, practitioners, pharmaceutical industry, civil society groups, and other health and care institutions.

The call for evidence will run from 1st December 2014 to 2nd January 2015. Responses can be provided by:

- i. Completing the online questionnaire, which can be accessed at <http://consultations.dh.gov.uk/triennial-reviews/nice-call-for-evidence>
- ii. Emailing the review team at TR-NICE@dh.gsi.gov.uk.
- iii. Attending a workshop (see below) where stakeholders can share their views directly with the review team.

Where options ii. or iii. are used, please also consider to what extent the response covers the key lines of enquiry that are set out in the online questionnaire and are replicated below, It would also be helpful to know the extent of engagement between respondents and NICE, and the interests represented.

For all options, you do not have to answer all of the questions – please feel free to answer as many or as few as you like. Your evidence should consist of objective, factual information about the impact or effect of NICE's approach to health and social care. Where possible, please give specific examples. Where your evidence is relevant to other review reports, we will pass your evidence over to the relevant report teams.

Only information directly relevant to the areas of investigation will be considered. Information where relevance is not demonstrable will not be taken as evidence. The review team is unable to respond to individual cases or consider complaints. Complaints should be directed to NICE at nice@nice.org.uk. Patient identifiable information should not be submitted.

Interested stakeholders are also invited to attend workshops to share their views on this Call for Evidence:

8 th December 2014	14:30-16:30 hours	London
http://www.eventbrite.co.uk/o/kathy-scott-7686013095?s=30863041		
18 th December 2014	11:00-13:00 hours	London
http://www.eventbrite.co.uk/o/kathy-scott-7686013095?s=30863335		

Please note: places are limited and will be allocated on a first come first served basis.

Confidentiality

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Useful links

[National Institute for Health and Care Excellence](#)

[Cabinet Office Triennial Review guidance](#)

[NICE Annual Report and Accounts 2013/14](#)

The role of NICE

NICE is a national advisory body established by the Health and Social Care Act 2012 as an executive non-departmental body. Its role is to provide guidance and support to providers and commissioners to help improve outcomes for people using the NHS, public health and social care services.

NICE produces guidance and advice for NHS, Public Health and Social Care communities. Programmes include:

- New technologies guidance and advice; including technology appraisals
- Medicines and prescribing support
- Guidelines for health, public health and social care
- Standards and indicators
- Guidance related services
- Implementation products
- Implementation services
- Evidence resources

(For further detail see NICE website (www.nice.org.uk))

In 2008 NICE International was established and works with individual overseas governments or funding agencies to support local teams develop local solutions. It offers:

- strategic advice on evidence-based policy-making
- technical support on critical appraisal and health technology assessment to inform decisions

- input on strengthening existing or designing new decision-making frameworks, with a focus on transparency, stakeholder involvement, public engagement and consultation
- support with evaluating the effectiveness of health system innovation.

(For further detail see NICE website ([NICE International](#)))

NICE's aim is to be the principal UK resource for evidence to support health, public health and social care practice, commissioning and local decision-making, including practical support to help put recommendations into practice. NICE does this by producing recommendations about effective and cost effective practice in a range of forms, together with services to support their implementation. Everything NICE produces is available through both their website and NICE Evidence Services (the on-line evidence resource that provides everyone working in healthcare, public health and social care with the ability to access a wide range of information to help deliver good quality services).

Call for evidence

Triennial Reviews are asked to apply a two stage approach to their considerations:

- i. **Stage one** of the review will verify the functions of NICE, assess how the functions contribute to the core business of the health and care system, and consider whether they are still needed. Within this context, the review will consider:
 - a. Whether delivery of the functions continues to contribute to wider government policy and constitutes a justifiable use of public money;
 - b. Whether there is a demand for the function or activity from users;
 - c. The cost and effects of not delivering the function;
- ii. Where it is concluded that a function is still needed, stage one will go on to examine how this function might best be delivered. The review will first examine whether the function could be better delivered through an alternative delivery model. For example, this might mean delivery by the private or voluntary sector, or merger with another body (either another area of central government or another public body).
- iii. If the outcome of stage one is that NICE should retain its current status, **stage two** will go on to review its control, governance and efficiency. The review will adopt a 'comply or explain' approach to examine whether NICE is operating within the recognised principles of good corporate governance in relation to its accountability arrangements, roles and responsibilities, financial management, communications, and behavioural conduct. The review will also consider whether there is adequate capability within the organisation. Within this context, the review will consider the following key lines of enquiry:
 - a. Whether NICE makes the best use of public money and assets;
 - b. Whether internal corporate processes are sufficiently lean;
 - c. Whether there is any scope for efficiencies through shared services, digitisation of processes, etc;
 - d. How well NICE has responded to changes in the health and care system and to its expanded role within that system;
 - e. NICE's capacity and capability to respond effectively to changing demands or a changing environment;
 - f. Whether NICE's relationships with stakeholders are sufficiently robust and developed.

The review team is particularly interested in evidence in support of responses to the questions set out below but does not seek to restrict responses provided they are relevant to the key lines of enquiry.

The review will aim to obtain evidence from different sources. As well as this call for evidence the review will analyse published material and will undertake interviews and workshops with key stakeholders.

On 20th November 2014, George Freeman (Minister for Life Sciences) announced the Innovative Medicines and Medical Technology Review to consider how our healthcare and regulatory systems can best respond and adapt to the new landscape of innovation. This review will start in 2015 and will report recommendations to the new Government. It will consider the pathways for the development, assessment and adoption of innovative medicines and medical technologies, including how NICE approves new technologies for use in the NHS in the short and longer term. It does not consider other facets of the role of NICE, such as quality standards and evidence services.

The Triennial Review of NICE will not be considering the detail of how NICE approves new technologies. Any evidence submitted on this element of NICE's work will be forwarded to the more specialised review for their consideration. Please bear this in mind when submitting your responses.

Background to the questions

The questions that follow are intended to frame the Triennial Review call for evidence. The questions presume an understanding of the functions, form and purpose of NICE, which are listed below for information:

New technologies guidance and advice

- a. Technology appraisals including highly specialist and medical technologies guidance
- b. Interventional procedures, diagnostics guidance
- c. Medical Technologies Innovation Briefings

Medicines and Prescribing support

- a. Evidence Summaries for new medicines and unlicensed/off-label use
- b. Medicines evidence commentaries
- c. UK Pharmascan
- d. British National Formulary (BNF)

Guidelines for health, public health and social care

- a. Clinical, social care, public health and safe staffing guidelines
- b. Service and medicines practice guidance

Standards and indicators

- a. Quality standards
- b. Quality outcomes framework indicators
- c. Clinical Commissioning Group Outcomes indicator Set indicators

Guidance related services

- a. NICE Pathways
- b. Patient Access Scheme Liaison Unit (PASLU)
- c. Scientific advice
- d. NICE International
- e. Accreditation and endorsement

Implementation products and services

- a. NICE Uptake Library
- b. Local Government Briefings
- c. NICE Local Practice and savings and productivity collection
- e. Health Technology Adoption resources and other tools
- f. NICE Field Team and Fellows, Scholars and student champions
- g. Medicines and Prescribing Regional Advisers

Evidence resources

- a. NICE Evidence Services and OpenAthens administration
- b. Mobile applications: British national formulary, British national formulary for children and for NICE guidance
- c. Bulletins and Evidence Awareness services

Questions

[There is no need to try to answer all the questions unless you wish to do so.]

For all questions, please try to give specific examples and provide evidence to support your view.

About you

- **Name:**
- **Organisation:**
- **Email:**

- **Would you categorise your response as from:**
 - Individual
 - Public sector
 - Charitable/voluntary sector healthcare organisation
 - Private sector – pharmaceutical or medical devices
 - Private sector – other
 - None of the above. Please state:.....

- **Which area do you work in?**
 - The NHS

- Private healthcare
 - Social Care
 - Local Government
 - Public health
 - Industry
 - None of the above. Please state.....
- **If your response is from an umbrella organisation representing a wider membership, please indicate the number of members consulted and the number of responses received:**
- **Please indicate what interactions you have with NICE / which functions you use:**

1. Is there a continuing need for the functions undertaken by NICE?

- Are there any functions you believe could be dropped or undertaken by another organisation?
- Are there any functions that you think are needed but are not currently being undertaken?
- Are there any overlapping functions or responsibilities between NICE and other organisations?
- How well do you think the NICE fulfils each of its functions at present?
- Does the role of NICE contribute to wider government policy and constitute a justifiable use of public money?
- How well aligned do you think NICE's programmes are with the rest of the health and care system?

2. Assuming that the functions undertaken by NICE are necessary, are there alternative means of delivering them which would be more efficient and effective? A document is attached which sets out the options that might be considered.

- Should any of NICE's functions/activity be merged with another organisation? This could be another area of central government, another public body or brought back into the parent department.
- The functions of NICE are currently delivered at arm's length from the Department of Health and Ministerial control. Do you believe this is necessary?
- Are there functions carried out by other bodies that you consider would be better done by NICE?
- NICE currently generates income in the following areas: NICE International and Scientific advice programme. What opportunities are there to generate more income?

3. How effectively and efficiently does NICE carry out its functions?

- What is your experience of working with NICE?
- Are there any specific areas where NICE could improve its performance?
- Is NICE operating effectively within the health and care system?
- Are there indicators that could be used to illustrate NICE's efficiency?
- Do you think that more or less guidance and advice in the areas of public health and social care would bring benefits?
- Has NICE guidance influenced commissioning and impacted patient care?
- Do you have any other evidence on NICE's performance and capability?

4. How do NICE's functions impact on users and stakeholders?

- Is NICE proportionate in its focus and application?
- Does NICE's guidance and recommendations make a positive impact on the health and care sector?
- Do NICE's functions go too far or not far enough?

5. How does NICE engage and collaborate with users and stakeholders?

- How effective is NICE's communication and engagement with the public and wider stakeholders?
- How effective is NICE's relationships with regulators and other organisations in the health and care system?
- How effective is NICE's relationships with industry and professional bodies?

6. Could NICE reduce costs or improve performance through efficiencies?

- Is NICE an efficient organisation?
- Are there any areas where you think NICE can reduce costs?
- Does NICE make the most effective use of its assets?

7. Is the body, and its approach, sufficiently able to identify and respond to challenges in the Health and Social Care sector?

- Does NICE work as a coherent whole or as distinct and separate units? What are the consequences of this?
- Does NICE have the right skills to carry out its functions and respond to future challenges?
- Is NICE responsive to changes in the wider health and care system?

8. Does NICE follow best practice in governance arrangements?

- Is NICE open and transparent where appropriate?
- How well are risks identified and managed?
- Are effective financial management processes in place?
- Does NICE recruit the best people through open and fair processes?

9. Are there any other issues or evidence the review team should take into account?

Responses

Please send responses to these questions by 2nd January 2015 either by email to:TR-NICE@dh.gsi.gov.uk

Or by post to: NICE Triennial Reviews Team, Department of Health, Richmond House, 79 Whitehall, Room 220, London. SW1A 2NS.