



*National Institute for  
Health and Clinical Excellence*

Annual Report  
**2007/8**

Volume 1





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# **National Institute for Health and Clinical Excellence (Special Health Authority)**

## **Annual Report and Accounts 2007/8**

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### **Volume 1**

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# Chairman's and Chief Executive's foreword

Our job is to produce and support the use of guidance on effective and cost-effective clinical and public health practice, for health professionals and the public.



Everyone who uses it wants our guidance to be available as quickly as possible. We try hard to make sure that we publish our advice quickly, but we also need to make sure it is correct, and that sometimes means taking more time than we might ideally like. Our single technology appraisal programme is producing more guidance on new treatments closer to the point at which they become available in the NHS. Another example of how we now produce advice more quickly is through our 'short' clinical guidelines programme. Normally, it takes about 2 years to produce a full clinical guideline, on a whole disease or condition. Sometimes, it's just as useful to look at a few important questions or areas of uncertainty. By taking this approach, we can produce guidance within 12 months. In 2007/8, we published our first two short clinical guidelines, on recognising and responding to acute illness in adults in hospital, and surgical treatment of 'glue ear'.

Our other programmes continue to make important contributions, in areas where prevention and treatment are priorities. For example, our public health guidance on substance misuse and school-based interventions to reduce alcohol consumption among children and young people will help health professionals and teachers deal with increasing problems. We would like to extend our support for people working outside the NHS by producing a broad catalogue of public health guidance. Our work with a range of government departments indicates that this would be welcomed.

NICE advice on the use of new treatments, particularly drugs, continues to have a high profile. Although we have always tried hard to work transparently, we can always improve. The judicial review of our guidance on drugs for treating Alzheimer's disease concluded that we should have been clearer about how the guidance applies to people with language and other

communication difficulties. The outcome of the subsequent appeal means that we will have to improve on what the Court of Appeal described as our 'highly commendable' approach to sharing information with consultees, by releasing fully executable versions of economic models. We view all this positively. We set internationally recognised standards for developing evidence-based advice and so people's expectations of us are very high.

Making sure our guidance is fair is very important to us. This is more than ensuring that we have looked at the right evidence and involved those who are affected by or have an interest in our work. It also means complying with our responsibilities to help reduce inequality in access to healthcare and avoiding unintentional discrimination, on grounds of race, or sex or disability. We have amended the methods and processes for our guidance programmes to meet these responsibilities. The Board of NICE is actively monitoring this important aspect of our work.

Change and development are defining characteristics, both of the world we are part of and of NICE itself. Responding by improving our guidance, and how we go about developing it, is a constant, positive aspect of the way we work. We are stronger now than at any point in our past, and better for the challenges and difficulties we have faced. We have a great team at NICE and in the 2000 advisers of all kinds who support us. It is through their commitment and enthusiasm, and their belief that what we do is vital to the NHS, that we will build on what has been another successful year. We remain very grateful to them all.

**Professor Sir Michael Rawlins, Chairman**  
**Andrew Dillon CBE, Chief Executive**

# NICE overview

## The National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) is the national organisation responsible for providing guidance on promoting good health and preventing and treating ill health. Professor Sir Michael Rawlins is Chairman and Andrew Dillon CBE is Chief Executive.

### The roles and responsibilities of NICE

NICE produces guidance in three areas.

**Public health** – promoting good health and preventing ill health for those working in the NHS, local authorities and the wider public and voluntary sector.

**Health technologies** – using new and existing medicines, treatments and procedures within the NHS.

**Clinical practice** – appropriately treating and caring for people with specific diseases and conditions within the NHS.

NICE has a remit to support the implementation of its guidance. It does this through the effective engagement of stakeholders, patients and the public in the selection of topics and the guidance development process. NICE also works with key partners to provide a supportive environment in which practitioners can implement guidance effectively using a range of implementation tools.

### Where NICE guidance applies

#### Scotland

##### Which NICE guidance applies

- Technology appraisals\*
- Interventional procedures

\* With advice on implementing in the context of the health service in Scotland from NHS Quality Improvement Scotland

#### Northern Ireland

##### Which NICE guidance applies

- Clinical guidelines\*
- Technology appraisals\*
- Interventional procedures

\* With advice on implementing in the context of the health service in Northern Ireland from the Department of Health, Social Services and Public Safety

#### England

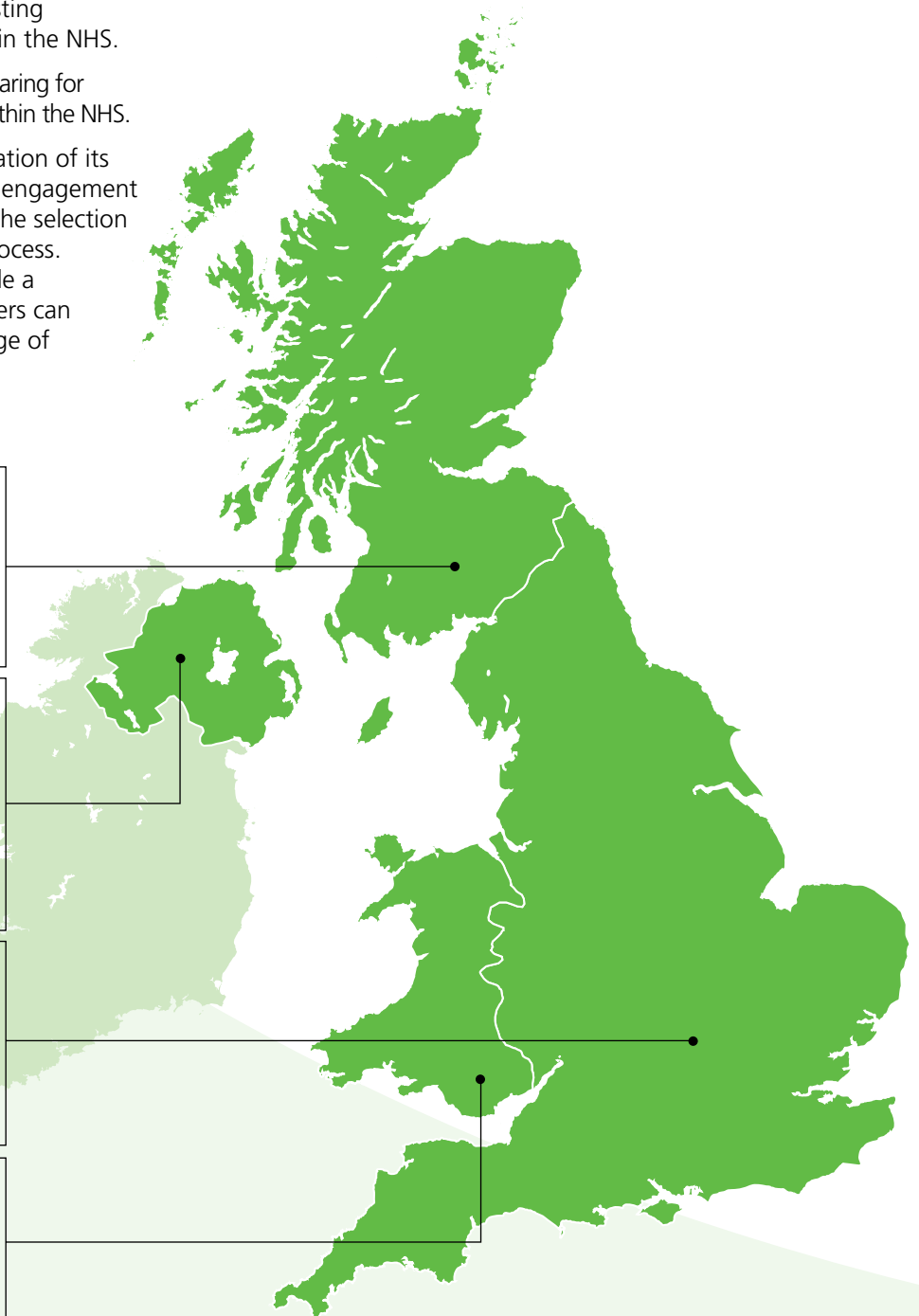
##### Which NICE guidance applies

- Clinical guidelines
- Technology appraisals
- Interventional procedures
- Public health guidance

#### Wales

##### Which NICE guidance applies

- Clinical guidelines
- Technology appraisals
- Interventional procedures





## NICE centres of excellence

### Centre for Public Health Excellence

The Centre for Public Health Excellence was established in April 2005 to develop guidance on promoting good health and preventing ill health.

Public health guidance may make recommendations for broad action, focusing on a topic (such as smoking), a particular population (such as young people), or a particular setting (such as the workplace or school). It may provide specific recommendations on the types of activity that help to reduce people's risk of developing a disease or condition or that help to promote or maintain a healthy lifestyle. These specific recommendations might cover giving advice (for example, in GP practices to encourage exercise), providing services (for example, a needle exchange scheme for injecting drug users), or providing support (for example, to help new mothers start and continue breastfeeding).

### Centre for Health Technology Evaluation

The Centre for Health Technology Evaluation develops technology appraisal and interventional procedure guidance.

Technology appraisals are recommendations on using new and existing treatments and interventions within the NHS, such as medicines, medical devices (for example, hearing aids or inhalers), diagnostic techniques (tests used to identify diseases), surgical procedures (such as repairing hernias) and health promotion activities (for example, ways of helping people with diabetes manage their condition). Technology appraisal recommendations are based on a review of the clinical and economic evidence.

Interventional procedure guidance evaluates the safety and efficacy of interventional procedures that are used for diagnosis or treatment. These procedures can involve making a cut or a hole to gain access to the inside of a patient's body, gaining access to a body cavity without cutting into the body, or using electromagnetic radiation (including X-rays, lasers, gamma rays and ultraviolet light).

### Centre for Clinical Practice

The Centre for Clinical Practice develops clinical guidelines. These are recommendations, based on the best available evidence, on appropriately treating and caring for people with specific diseases and conditions within the NHS.

Good clinical guidelines aim to improve the quality of healthcare. They can:

- provide recommendations for treatment and care

- help patients make informed decisions and improve communications between patients and health professionals
- provide the basis for developing standards to assess the clinical practice of individual health professionals
- contribute to the education and training of health professionals.

## Judicial review challenges NICE approach to evaluating drugs

In 2007, NICE faced a judicial review challenging its November 2006 recommendation that drugs for Alzheimer's disease should be prescribed only to those in the moderate stage of the disease. NICE was challenged on six grounds and the court found in favour of NICE on five of them. In April 2008, the Court of Appeal upheld an appeal by one of the drug companies involved which will result in NICE releasing fully executable versions of its economic models.

## Health Select Committee says NICE plays 'vital role'

In 2007, the Health Select Committee carried out its second inquiry into the work of NICE, receiving oral evidence from 31 witnesses and 124 written statements. In January 2008, its report concluded that NICE has a vital role to play in prioritising the use of scarce resources within the NHS.

NICE welcomed the report in March 2008 and the recommendations for improving its ways of working. In our response, we advised the Department of Health and the Committee that:

- the Committee's proposals for quick, less thorough assessments of newly licensed medicines would not, in our view, allow for sufficient scrutiny of the available evidence, nor sufficient consultation with stakeholders
- NICE already offers guidance on encouraging disinvestment in ineffective practice
- the decision as to whether NICE should take into account the costs and benefits of new treatments, which arise beyond the NHS and Personal Social Services, is made by the Department of Health, rather than by NICE itself.

As we review our methods and processes, we will take account of the Committee's recommendations.





# Public health

The Centre for Public Health Excellence produces public health guidance for practitioners and policy makers in the NHS, local authorities and the wider public, and community, voluntary and private sectors.



## New public health guidance published

In 2007/8, NICE published 8 sets of recommendations. These included advice on how to change people's attitudes and behaviours, regardless of the health issues being tackled. They also included guidance on how to get communities involved in activities to improve their health. Two pieces of guidance were aimed at improving the health of schoolchildren: one focused on the social and emotional wellbeing of pupils in primary education, the other offered advice to all schools on preventing and reducing alcohol consumption.

Other topics covered included how to improve maternal and child nutrition and how to improve the physical environment to encourage people to be more physically active. Smoking also featured in two separate pieces of guidance: one aimed at employers and one aimed at those offering smoking cessation services.

## New topics announced

In 2007/8, the Secretary of State for Health referred new public health topics to NICE:

- needle and syringe programmes to provide injecting equipment for people who inject drugs
- mechanisms to reduce inequalities in the uptake of immunisation
- mental wellbeing of young people in secondary education
- looked after children
- prevention of cardiovascular disease at a population level
- prevention of unintentional injury in children.

In addition, a topic for combined public health and clinical guidance was referred:

- prevention, early identification and management of alcohol use disorders in adults and adolescents.

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## Case study 1

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### Helping people to stop smoking

In the spring of 2007, employers were busy preparing to go smokefree in time for the 1 July ban on smoking in workplaces (and in other enclosed public places) in England.

NICE was ready with evidence-based guidance on how employers could help workers quit altogether, for example, by providing information on local stop-smoking services, or allowing them paid time off to attend stop-smoking clinics.

At the time, Dr Catherine Law, Chair of NICE's Public Health Interventions Advisory Committee which developed the guidance, pointed out that smoking is 'the principal cause of inequalities in life expectancy between rich and poor in this country'.

Then in February 2008, NICE took steps to make all smoking cessation services as effective as possible, by issuing the first comprehensive guidance on what has been proven to work. As Professor Peter Littlejohns, NICE Clinical and Public Health Director, explained, 'Most people who smoke want to quit and in this guidance we aim to ensure that the right services are put in place to help them.'

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## Case study 2

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### Stepping in on design

Why would you want to take the stairs when there is a perfectly good lift available? In 2008, NICE challenged everyone with a responsibility for the physical environment to turn that question around.

The challenge appeared in what were the first national, evidence-based recommendations on how to improve the built or natural physical environment to encourage physical activity. The recommendations are not just for the NHS but for local authorities, planners, transport authorities, building managers, designers and architects.

Planning applications should prioritise people's need for physical activity, says NICE. Staircases should be made attractive, with clear signposting to encourage people to use them. When developing or maintaining streets and roads, top priority should be given to pedestrians, cyclists and others who use transport involving physical activity.

Tim Stonor, Managing Director of Space Syntax and a member of the Programme Development Group, explained how it draws together all the disciplines involved in planning and design. 'The goal', he said, 'should be to create not only beautiful buildings and public places – but also ones that will help people to be physically active, too.'

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## Case study 3

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### Alcohol misuse among children

As many as one in five children aged 11 to 15 drink alcohol regularly and concern is mounting about the health and social effects of teenage binge drinking. NICE guidance for schools aims to help resist the trend, and is for anyone who works with children and young people in schools and other educational settings.

At its launch, Alasdair Hogarth, Head Teacher of Archbishop's School, Canterbury, and a member of the Public Health Interventions Advisory Committee said, 'It is essential that those working with young people incorporate awareness about the risks of drinking into education and, where applicable, offer advice on where to find sources of support. If young people are aware about the potential damage that alcohol use can cause, they will be better placed to make informed decisions.'

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## Case study 4

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### Giving babies and toddlers the best start in life

What pregnant women and mothers eat and drink can affect their long-term health and the health of their babies. Infants, too, need a well-balanced diet. Yet there is a lack of consistent, high-quality support and advice on nutrition for mothers and carers, particularly those from low-income and other disadvantaged groups.

NICE's guidance on maternal and child nutrition aims to fill this gap. The recommendations are relevant for all women who may become pregnant (before and from conception onwards) and for all carers of children aged up to 5 years. They include how to give advice on – and support – breastfeeding. They also cover the benefits of vitamin D and folic acid supplements for women.

Dr Anthony Williams, Consultant Neonatal Paediatrician and Reader in Child Nutrition and Chair of the Programme Development Group, said, 'All parents want the best for their children – this includes making sure that mothers, babies and children eat well. The practical support and advice that parents currently receive can be patchy and inconsistent; families in low-income groups, particularly, are less likely to receive good support and advice. The guidance highlights that those who provide services or who work with families – inside and outside the health service – should be trained to provide this.'

Cindy Hutchinson, Midwife and Guidance Development Group member, said that the recommendations 'Address many of the barriers that women face in their efforts to breastfeed and aim to ensure that all women receive skilled support and accurate and timely advice to help them successfully initiate and continue breastfeeding for 6 months and beyond.'

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## Public health guidance published in 2007/8

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<b>Title</b>	<b>Publication date</b>
Workplace smoking	April 2007
Behaviour change	October 2007
School-based interventions on alcohol	November 2007
Physical activity and the environment	January 2008
Smoking cessation services	February 2008
Community engagement	February 2008
Maternal and child nutrition	March 2008
Mental wellbeing of children in primary education	March 2008

### Support for implementing NICE public health guidance

We produce tools to support local implementation of our guidance. Each piece of public health guidance issued in 2007/8 is supported by:

- a costing report and template to help organisations plan for the financial implications of implementing the guidance
- a slide set.

For most of the topics there are other tools as well, such as support for audit. The implementation tools are available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

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## Public health guidance in development

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<b>Title</b>	<b>Publication date*</b>
Workplace physical activity	May 2008
Mental wellbeing of older people in primary care and residential care	July 2008
Preventing the uptake of smoking by children	July 2008
Proactive case finding and retention and improving access to services in disadvantaged areas	September 2008
Promoting mental wellbeing at work	October 2008
Promoting physical activity for children	January 2009
Needle and syringe programmes	February 2009
Management of long-term sickness and incapacity	March 2009
Reducing differences in the uptake of immunisations	June 2009
Mental wellbeing of young people in secondary education	July 2009
Personal, social and health education focusing on sex and relationships and alcohol education	September 2009
Alcohol-use disorders in adults and adolescents	March 2010
Prevention of cardiovascular disease	March 2010
Unintentional injury in children	April 2010
Looked after children	September 2010

\*at time of going to press





# Technology appraisals

Technology appraisals make recommendations on using new and existing medicines and treatments within the NHS. This year NICE produced 21 new technology appraisals. We also consulted on the methods we use to carry out technology appraisals.



## NICE consults on technology appraisal methods

NICE is a global leader in the evaluation of new drugs and treatments and is committed to ensuring it uses the most up-to-date methods. In 2007, we looked in detail at the way we take decisions and launched a review of the 'Guide to the methods of technology appraisal', the document that provides an overview of the principles and methods used to assess health technologies. The guide is used by both independent advisory committees preparing NICE guidance and the organisations that submit evidence and comment on draft recommendations. These include organisations that represent patients and carers or healthcare professionals, and the manufacturers of the technology under appraisal.

The review ran from April to October 2007 and involved full engagement from stakeholders. By December, a draft appraisals method guide was ready for formal consultation, which ran until the end of February 2008.

Dr Carole Longson, Director of the Centre for Health Technology Evaluation, said, 'Our methods guide underpins the development of all of our appraisal guidance, and it is important that we regularly review it to take into account the latest research and to reflect changes in healthcare economics. This review has been a valuable process, which has enabled us to incorporate the views of a variety of stakeholders. We are now keen to hear from other stakeholders and the public in order to find out how they think our approach should evolve so that we can stay at the sharp edge of this important work.'

A new guide will be published in 2008/9.

## NICE seeks to streamline evidence gathering

The Health Select Committee report on NICE published in January 2008 welcomed moves by NICE and the pharmaceutical industry to collaborate more closely in the planning of clinical trials. The report noted, 'We welcome the fact that both NICE and drug companies are aware that they need to collaborate closely to ensure that clinical trials are undertaken with the needs of NICE appraisal in mind.'

NICE carried out a pilot programme with the pharmaceutical company Novartis to build on this work and take it forward. A report on the pilot was considered by the NICE Board in March 2008.

## Appraisal Committee Chair honoured

Professor David Barnett, Chair of the NICE Appraisal Committee, was awarded a CBE in the Queen's Birthday Honours. A key aim of the Honours is to reward people who have really changed things, or who have given outstanding service to others in difficult situations.

NICE Chairman, Professor Sir Michael Rawlins, said, 'I am delighted that David's contribution to the NHS has been recognised. As chair of the Appraisal Committee, David has to lead the Appraisal Committee in making some of the most difficult decisions in public life. The award is highly deserved and on behalf of the Board of NICE I offer him many congratulations.'

Professor Barnett added, 'I am truly honoured by this award and feel privileged to have been able to contribute to the work of NICE over the last 8 years.'

## NICE welcomes new appraisal topics

During 2007/8 the Secretary of State for Health referred a number of new topics to NICE for technology appraisal. Bevacizumab, sorafenib, sunitinib and temsirolimus for renal cell carcinoma will be considered under the multiple technology appraisal (MTA) programme. New topics for the single technology appraisal (STA) programme include:

- lenalidomide in combination with dexamethasone for the treatment of multiple myeloma in people who have received at least one prior therapy
- lapatinib in combination with letrozole for the first-line treatment of metastatic hormone-sensitive breast cancer
- capecitabine for the treatment of advanced pancreatic cancer
- cetuximab for the first-line treatment of metastatic colorectal cancer
- cetuximab for the treatment of advanced non-small-cell lung cancer
- ixabepilone for the treatment of metastatic or locally advanced breast cancer
- dabigatran for the prevention of venous thromboembolism after elective hip or knee replacement surgery in adults
- bevacizumab for advanced or metastatic breast cancer
- telbivudine for chronic hepatitis B
- entecavir for chronic hepatitis B
- tolevamer for *Clostridium difficile* associated diarrhoea
- febuxostat for management of hyperuricaemia in patients with gout
- tocilizumab for juvenile idiopathic arthritis
- adalimumab for moderate to severe chronic plaque psoriasis.

## Case study 5

### Clot-busting drugs set to change lives

Every year in the UK around 120,000 people have a first stroke and 30 per cent of them die within a month. For those who survive, there is the high possibility of severe disability, which affects 250,000 stroke survivors in the UK.

The damage happens when a blood clot blocks blood flow to part of the brain. Using drugs to dissolve blood clots quickly can prevent many of the complications that come with stroke and in June 2007 NICE issued guidance on the use of the 'clot-busting' drug alteplase for the treatment of acute ischaemic stroke.

Andrew Dillon, Chief Executive of NICE, said, 'We know that strokes are one of the biggest killers and causes of disability. It is important that patients receive treatments that can help to reduce the effects of a stroke as quickly as possible. This guidance recommends the use of alteplase where clinically appropriate and could have a significant impact on the treatment of hundreds of thousands of patients.'



## Case study 6

### Helping children to breathe easily

Childhood asthma can be a disabling condition. As Dr Gillian Leng, Deputy Chief Executive and Implementation Director of NICE, explains, 'Asthma can prevent children from doing everyday activities such as playing at school, riding a bike, and even participating in organised sports. Other effects can include school absence and night disturbances.'

In 2007, NICE looked at all its existing guidance, as well as the new evidence, and produced a comprehensive multiple technology appraisal on the use of inhaled corticosteroids for the treatment of chronic asthma in children under 12. Not only did it look at the effectiveness of inhaled corticosteroids, but also at the cost effectiveness of different devices, making detailed recommendations for clinicians on each of these issues.

Dr Leng said, 'The Committee has concluded that inhaled corticosteroids are both a good use of NHS resources and an effective way of controlling the symptoms of asthma and preventing severe asthma attacks.'



## Technology appraisals published in 2007/8

Title	Publication date
Heart failure – cardiac resynchronisation (TA120)	May 2007
Glioma (newly diagnosed and high grade) – carmustine implants and temozolomide (TA121)	June 2007
Ischaemic stroke (acute) – alteplase (TA122)	June 2007
Smoking cessation – varenicline (TA123)	July 2007
Lung cancer (non-small-cell) – pemetrexed (TA124)	August 2007
Psoriatic arthritis (moderate to severe) – adalimumab (TA125)	August 2007
Rheumatoid arthritis (refractory) – rituximab (TA126)	August 2007
Multiple sclerosis – natalizumab (TA127)	August 2007
Alzheimer's disease – donepezil, galantamine, rivastigmine (review) and memantine (TA111 amended)	September 2007
Haemorrhoid – stapled haemorrhoidopexy (TA128)	September 2007
Multiple myeloma – bortezomib (TA129)	October 2007
Rheumatoid arthritis – adalimumab, etanercept and infliximab (TA130)	October 2007
Asthma (in children) – corticosteroids (TA131)	November 2007
Hypercholesterolaemia – ezetimibe (TA132)	November 2007
Asthma (uncontrolled) – omalizumab (TA133)	November 2007
Psoriasis – infliximab (TA134)	January 2008
Mesothelioma – pemetrexed disodium (TA135)	January 2008
Atypical psychosis (first onset) – neuroimaging (TA136)	February 2008
Lymphoma (follicular non-Hodgkin's) – rituximab (TA137)	February 2008
Asthma (in adults) – corticosteroids (TA138)	March 2008
Sleep apnoea – continuous positive airway pressure (CPAP) (TA139)	March 2008

### Support for implementing NICE technology appraisals

We produce tools to support local implementation of our guidance. Each technology appraisal issued in 2007/8 was supported by:

- a costing report and template to help organisations plan for the financial implications of implementing the guidance
- audit support, for use as part of a local audit project.

For the appraisal of cardiac resynchronisation for heart failure, NICE also published an algorithm to help clinicians to implement the recommendations in this technology appraisal (TA120) and those in the appraisal of implantable cardioverters (TA95). The algorithm explained the relationship between the recommendations in the two appraisals.

Implementation tools are available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).



## Technology appraisals in development

Title	Publication date*
Colitis (subacute ulcerative) – infliximab (STA)	April 2008
Rheumatoid arthritis (refractory) – abatacept (STA)	April 2008
Anaemia (cancer-treatment induced) – erythropoietin (alpha and beta) and darbepoetin	May 2008
Ankylosing spondylitis – adalimumab, etanercept and infliximab	May 2008
Head and neck cancer – cetuximab (STA)	June 2008
Macular degeneration (age-related) – pegaptanib and ranibizumab	June 2008
Obesity – rimonabant (STA)	June 2008
Psoriasis – adalimumab (STA)	June 2008
Lung cancer (non-small-cell) – erlotinib (STA)	June 2008
Hyperuricaemia – febuxostat (STA)	July 2008
Pregnancy (rhesus negative women) – routine anti-D (review)	July 2008
Pulmonary arterial hypertension (adults) – drugs	July 2008
Hepatitis B – entecavir (STA)	August 2008
Hepatitis B – telbivudine (STA)	August 2008
Rheumatoid arthritis – adalimumab, etanercept and infliximab	September 2008
Influenza (prophylaxis) – amantadine, oseltamivir and zanamivir	October 2008
Colitis (acute ulcerative) – infliximab (STA)	October 2008
Abdominal aortic aneurysm – endovascular stent-grafts	November 2008
Pain (chronic neuropathic or ischaemic) – spinal cord stimulation	November 2008
Growth failure (in children) – human growth hormone (HGH)	December 2008
Renal cell carcinoma – bevacizumab, sorafenib, sunitinib and temsirolimus	January 2009
Organ preservation (renal) – machine perfusion and static storage	January 2009
Influenza (treatment) – zanamivir, amantadine and oseltamivir (review)	February 2009
Lung cancer (non-small-cell) – gefitinib (STA)	November 2009
Rheumatoid arthritis – certolizumab pegol (STA)	November 2009
Pancreatic cancer – capecitabine (STA)	May 2010
Atrial fibrillation – idraparinux sodium (STA)	To be confirmed
Atrial fibrillation – ximelagatran (suspended)	To be confirmed
Breast cancer (advanced or metastatic) – lapatinib (STA)	To be confirmed
Breast cancer (advanced or metastatic) – bevacizumab (STA) (suspended)	To be confirmed
Crohn's disease – infliximab (review) and adalimumab	To be confirmed
<i>Clostridium difficile</i> associated diarrhoea – tolevamer (STA) (suspended)	To be confirmed
Colon cancer (adjuvant) – irinotecan (STA)	To be confirmed
Colorectal cancer (first line) – cetuximab (STA)	To be confirmed
Dementia (non-Alzheimer) – new pharmaceutical treatments (suspended)	To be confirmed
Diabetes – insulin pump therapy	To be confirmed
Diabetic retinopathy – ruboxistaurin (STA) (suspended)	To be confirmed
Falls – fallers' clinics (suspended)	To be confirmed
Glaucoma – lerdelimumab (CAT-152) (STA) (suspended)	To be confirmed
Glioma (recurrent) – carmustine implants (STA) (suspended)	To be confirmed
Hearing impairment – cochlear implants	To be confirmed
Heart failure (acute decompensated) – nesiritide (STA)	To be confirmed
Ischaemic heart disease – coronary artery stents (review)	To be confirmed
Lung cancer (non-small-cell) – cetuximab (STA)	To be confirmed
Multiple myeloma – lenalidomide (STA)	To be confirmed
Multiple sclerosis – cannabinoids (suspended)	To be confirmed
Osteoarthritis and rheumatoid arthritis – cox-II inhibitors (review) (suspended)	To be confirmed
Osteoporosis – primary prevention	To be confirmed
Osteoporosis – secondary prevention including strontium ranelate	To be confirmed
Prostate cancer (hormone refractory) – atrasentan (STA) (suspended)	To be confirmed
Psoriatic arthritis (moderate to severe) – leflunomide (STA)	To be confirmed
Thrombophilia	To be confirmed
Venous thromboembolism (recurrent) – idraparinux sodium (STA) (suspended)	To be confirmed
Venous thromboembolism (VTE) – ximelagatran (suspended)	To be confirmed
Venous thromboembolism – dabigatran (STA)	To be confirmed

\* at time of going to press

STA; single technology appraisal, the process that sits alongside NICE's full appraisal to produce rapid guidance on life-saving drugs that have already been licensed and new medicines close to when they become available.



# Clinical guidelines

NICE clinical guidelines provide advice on the appropriate treatment and care of people with specific diseases and conditions. This year NICE produced 19 clinical guidelines on topics ranging from atopic eczema in children to prostate cancer.



## NICE publishes first short clinical guidelines

This year saw the introduction of a new process to develop 'short' clinical guidelines that provide the NHS with advice on what works best at any given point in a care pathway. These guidelines are produced in around 12 months – about half the time it takes to produce a full clinical guideline.

'Short clinical guidelines will help NICE to respond faster to urgent NHS questions relating to a specific part of any given care pathway,' said Andrew Dillon, NICE Chief Executive. 'The new process also means that we will be able to produce recommendations on topics that may not have met our inclusion criteria before.'

The first short clinical guideline was published in July 2007 and covered recognising and responding to acute illness in adults in hospital. The second, published in February 2008, covered surgical management of otitis media with effusion ('glue ear') in children under 12.

## New topics welcomed

In 2007/8, the Secretary of State for Health referred new topics to NICE for clinical guidelines, including:

- alcohol dependence
- alcohol use disorders (management)
- autism in children and adolescents
- coeliac disease in adults
- colorectal and anal cancer
- critical illness rehabilitation
- delirium
- hypertension in pregnancy
- lower urinary tract symptoms in men
- multiple pregnancy
- nocturnal enuresis (bedwetting) in children
- ovarian cancer
- severe mental illness with problematic substance misuse
- stable angina
- transient loss of consciousness in adults.



## Case study 7

### Off to a great start

Good maternal and child health is the foundation for the health of future generations and over the years NICE has recognised this with a range of guidelines to support health professionals.

In 2007/8, NICE added to this body of evidence-based practice with new guidance on pregnancy and diabetes – a common and potentially dangerous condition. NICE also updated its 2003 guidance on the care and support that all women should receive during pregnancy and issued new public health guidance on diet and nutrition for babies and toddlers.

Jackie Webb, Diabetes Specialist Nurse Manager and Guideline Development Group member, said the new guidance would make a real difference to women.

'We know that women with diabetes in pregnancy are at a higher risk of complications such as miscarriage and pre-eclampsia but with the right care these risks can be minimised,' she said. 'By bringing together everything we know on the best care of women with diabetes, doctors and midwives will be best placed to offer women the very highest standard of care that they deserve.'

Jennifer Elliott, who represented service users on the updated antenatal guideline, said it would help women feel more in control. 'By ensuring that women are informed about their pregnancy, they will feel less anxious and more likely to have a positive experience.'

## Case study 8

### Care for men with prostate cancer

Prostate cancer is one of the most common cancers in men, with around 35,000 men being diagnosed with, and 10,000 men dying from, prostate cancer in England and Wales every year. Although it is mostly found in older men, it can be diagnosed in those under 65 as well. It can be a slow-growing cancer and may not necessarily affect a man's general health for many years, leading to tough decisions about whether early treatment is desirable.

This is the first guideline produced by the National Collaborating Centre for Cancer and will help clinicians to provide coherent and consistent care for men with suspected or diagnosed prostate cancer.

Professor Peter Littlejohns, NICE Clinical and Public Health Director, said, 'Over the past 10 to 15 years there have been a number of significant advances in prostate cancer management but also differing views on the most effective treatments, especially about the clinical management of men with early, non-metastatic disease. These uncertainties clearly cause anxieties for men with prostate cancer and their families. This guideline will help to address these issues and offer guidance on best practice.'

Professor Mark Baker, Guidance Development Group Chair and Lead Cancer Clinician at Leeds Teaching Hospital, said, 'Around 10,000 men a year die of prostate cancer; or almost 200 men each week. It can be a devastating disease that may affect 1 in 14 men but sometimes has little effect on a man's longevity. This guidance aims to ensure that wherever people are diagnosed and treated, they will have access to the same high-quality standard of care from trained professionals, providing consistent, high-quality information to help them make the right decisions for them.'





## Case study 9

### Exercise recommended for osteoarthritis

Clinical guidelines encompass more than drugs. This was shown by a new guideline on the care and treatment of people with osteoarthritis issued by NICE and the National Collaborating Centre for Chronic Conditions in February 2008.

The new national standards outline the core lifestyle changes that should be encouraged – for example, exercising and losing weight – as well as effective pharmaceutical treatments.

Professor Philip Conaghan, Consultant Rheumatologist and Chair of the Guideline Development Group, said, 'By the age of 65, at least 10 per cent of people will have some degree of disability related to painful osteoarthritic joints. The guideline calls for healthcare professionals to holistically assess a person with osteoarthritis and take into account not only pain levels but how it is affecting their job, quality of sleep and family life and tailor their treatment accordingly.'

Jo Cumming, patient representative and Guideline Development Group member, said, 'As someone who has lived with osteoarthritis for over 15 years, I know that getting medical help and treatment is important, but so too is helping yourself. I have noticed a massive improvement in my condition since I started exercising and I would encourage others with the condition to do the same.'



## Case study 10

### Supporting the supporters

In November 2007, NICE supported the Lung Cancer Awareness Month run by Macmillan Cancer Support and the Roy Castle Lung Cancer Foundation for the second year running.

Throughout the month, the organisers ran public information and education initiatives to inform people about the risk factors for developing lung cancer and the importance of early detection and diagnosis. GPs and pharmacists were targeted to ensure they are aware of all possible symptoms.

This is where the NICE guidance came in. The clinical guideline on the diagnosis and treatment of lung cancer and the referral guideline for suspected cancer make a number of key recommendations about the symptoms that should prompt referral for specialist investigation for suspected lung cancer. They are as relevant now as when they were launched in 2005.

Professor Peter Littlejohns, NICE Clinical and Public Health Director, said, 'NICE supports Lung Cancer Awareness Month in its aim to raise awareness of the signs and symptoms of lung cancer.'

The NICE guideline on the diagnosis and treatment of lung cancer and the referral guideline for suspected cancer are helping to ensure that people who visit their GP with signs and symptoms suggestive of lung cancer will benefit from a consistent and coherent approach which is based on the best available evidence.'



### National Collaborating Centres

The National Collaborating Centres (NCCs) develop clinical guidelines for NICE. The NCCs bring together a multidisciplinary Guideline Development Group for each guideline. These groups include patients, healthcare professionals such as nurses and GPs, and technical experts who work together to interpret evidence and draft recommendations. The draft guidelines are made available on the NICE website for 8 weeks so that stakeholders can comment. After careful consideration of all the comments made, the guideline is finalised for the NHS. The NCCs are:

- NCC for Acute Care based at the Royal College of Surgeons
- NCC for Cancer based at the Velindre NHS Trust

- NCC for Chronic Conditions based at the Royal College of Physicians
- NCC for Mental Health run jointly by the Royal College of Psychiatrists and the British Psychological Society
- NCC for Nursing and Supportive Care based at the Royal College of Nursing
- NCC for Primary Care based at the Royal College of General Practitioners
- NCC for Women's and Children's Health based at the Royal College of Obstetricians and Gynaecologists.

In 2007/8 they published 19 new guidelines.

Title	Publication date
Venous thromboembolism (CG46)	April 2007
Feverish illness in children (CG47)	May 2007
MI: secondary prevention (CG48)	May 2007
Faecal incontinence (CG49)	June 2007
Acutely ill patients in hospital (CG50)	July 2007
Drug misuse: psychosocial interventions (CG51)	July 2007
Drug misuse: opioid detoxification (CG52)	July 2007
Chronic fatigue syndrome/myalgic encephalomyelitis (CG53)	August 2007
Urinary tract infection in children (CG54)	August 2007
Intrapartum care (CG55)	September 2007
Head injury (CG56)	September 2007
Atopic eczema in children (CG57)	December 2007
Prostate cancer (CG58)	February 2008
Osteoarthritis (CG59)	February 2008
Surgical management of OME (CG60)	February 2008
Irritable bowel syndrome (CG61)	February 2008
Antenatal care (CG62)	March 2008
Diabetes in pregnancy (CG63)	March 2008
Prophylaxis against infective endocarditis (CG64)	March 2008

In April 2007, NICE also published amendments to the clinical guidelines on anxiety (Clinical guideline 22) and depression (Clinical guideline 23) to take account of new prescribing advice for venlafaxine, issued by the Medicines and Healthcare products Regulatory Agency.

### Support for implementing NICE clinical guidelines

We produce tools to support local implementation of our guidance. Each clinical guideline issued in 2007/8 is supported by:

- a costing report and template to help organisations plan for the financial implications of implementing the guidance
- audit support
  - a slide set for use with a variety of audiences
  - implementation advice.

The implementation tools are available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

## Clinical guidelines under development

<b>Title</b>	<b>Publication date*</b>
Perioperative hypothermia (inadvertent)	April 2008
Diabetes – type 2 (update)	May 2008
Lipid modification	May 2008
Induction of labour (update of guideline D)	July 2008
Respiratory tract infections (SCG)	July 2008
Stroke	July 2008
Familial hypercholesterolaemia	August 2008
Attention deficit hyperactivity disorder (ADHD)	September 2008
Surgical site infection	September 2008
Chronic kidney disease	September 2008
Metastatic spinal cord compression	November 2008
Antisocial personality disorders (ASPD)	December 2008
Personality disorders – borderline	December 2008
Medicines concordance	January 2009
Breast cancer (advanced)	February 2009
Breast cancer (early)	February 2009
Rheumatoid arthritis in adults	February 2009
Diabetes (type 2) – newer agents (SCG)	February 2009
Critical illness rehabilitation (SCG)	March 2009
Schizophrenia (update)	March 2009
Diarrhoea and vomiting in children under 5	April 2009
Glaucoma	April 2009
Low back pain	May 2009
When to suspect child maltreatment	May 2009
Depression – chronic health problems	June 2009
Depression – primary and secondary care	June 2009
Venous thromboembolism – prevention	September 2009
Acute chest pain	December 2009
Bacterial meningitis and meningococcal septicaemia in children	December 2009
Hypertension in pregnancy	February 2010
Lower urinary tract symptoms in men	February 2010
Neonatal jaundice	February 2010
Transient loss of consciousness in adults	March 2010
Idiopathic childhood constipation	March 2010
Delirium	April 2010
Metastatic malignant disease of unknown primary origin	May 2010
Pregnant women with complex social factors	June 2010
Nocturnal enuresis in children (bedwetting)	August 2010
Stable angina	December 2010
Autism in children and adolescents	February 2011
Acute coronary syndromes	To be confirmed
Alcohol dependence	To be confirmed
Alcohol use disorders (management)	To be confirmed
Coeliac disease in adults	To be confirmed
Colorectal and anal cancer	To be confirmed
Lung cancer – update	To be confirmed
Multiple pregnancy	To be confirmed
Osteoporosis	To be confirmed
Ovarian cancer	To be confirmed
Severe mental illness with problematic substance misuse	To be confirmed

\* at time of going to press

SCG; short clinical guideline







# Interventional procedures

NICE guidance on interventional procedures determines not only whether a procedure is safe, but also whether it works well enough for routine use in the diagnosis and treatment of NHS patients. NICE published guidance on 39 procedures last year. We also published the first patient safety solution developed under a pilot scheme with the National Patient Safety Agency.



## Website gives 'at a glance' guidance on interventional procedures arrangements

NICE guidance covers not just those procedures that should be used, but also those that should not, as well as whether any special measures should be put in place. This year, the table of published interventional procedures on the NICE website introduced a new 'arrangements' column to help health professionals identify what additional measures should be put in place when implementing the guidance. The 'arrangements' are classified as:

- Normal: apply normal consent, audit and clinical governance arrangements
- Special: notify clinical governance leads, ensure patients understand the uncertainties referred to in the guidance, and audit and review clinical outcomes of all patients having the procedure
- Other (see guidance): includes additional recommendations, for example, on training, service delivery or data collection
- Research only: use only in the context of a formal research protocol
- Do not use: the procedure should not be used in the NHS.

## Case study 11

### Safety first

The NICE interventional procedures programme offers guidance on the safe introduction of new procedures and the use of existing procedures where there may be safety or efficacy concerns. There is often limited published evidence on these procedures, and it can be difficult to interpret.

So developing guidance can be a long and challenging process, as Barrie White, Vice-chair of the Interventional Procedures Advisory Committee and Consultant Neurosurgeon at University Hospital Queen's Medical Centre in Nottingham, explains.

'Ultrasound-guided foam sclerotherapy for varicose veins, interventional procedure 217 published in May 2007, was considered by most clinicians to be a minor modification of existing practice not worth NICE's attention. In essence, by shaking the sclerotherapy agent, a foam is created with the intention of improving its retention in the injected vein and permitting its progress to be monitored with ultrasound.

Common sense and considerable clinical experience suggested that this should improve efficacy. Although the published evidence showed some benefits there were, nevertheless, rare but worrying reports of the possibility of harm from foam emboli, including transient visual disturbance, chest tightness, headache, stroke and myocardial infarction.

Starting in early 2004, it took nearly 4 years to reconcile these reports, including two public consultations, a systematic review and revision of initial guidance, before cautious introduction to NHS practice was recommended in May 2007.'

## Case study 12

### Promoting patient safety

Prescribing errors are a major source of harm to NHS patients. One source of error occurs when doctors and pharmacists do not know what drugs patients are already taking when they are admitted to hospital. According to the National Patient Safety Agency (NPSA), between 2003 and 2007 there were over 7000 incidents caused by a failure to reconcile medicines that patients were taking before and after hospital admission. Two of these incidents were fatal and 30 caused severe harm.

So when the NPSA and NICE were asked to pilot a collaborative scheme to produce patient safety guidance for the NHS, this was one of the topics chosen.

Work started in April 2007 and by December the guidance was ready. NICE and the NPSA had jointly assessed the clinical and cost effectiveness of systems to improve medicines reconciliation at admission to hospital and made recommendations.

Andrew Dillon, NICE Chief Executive, said, 'This is an important new opportunity for NICE to work with the NPSA in a key area. We've used tried and trusted methods in developing this guidance – the use of independent expert committees, genuine public consultation and an open decision-making process to issue guidance on a safety issue which matters to everyone coming into hospital.'

Work continues on the pilot scheme into 2008/9.

## Interventional procedure guidance published during 2007/8

Title	Publication date
Tissue-cultured limbal stem cell allograft transplantation for regrowth of corneal epithelium (IPG216)	April 2007
Ultrasound-guided foam sclerotherapy for varicose veins (IPG217)	May 2007
Therapeutic sialendoscopy (IPG218)	May 2007
Lower limb deep vein valve reconstruction for chronic deep venous incompetence (IPG219)	May 2007
Microwave ablation for the treatment of metastases in the liver (IPG220)	May 2007
Closure of anal fistula using a suturable bioprosthetic plug (IPG221)	June 2007
Endoscopic augmentation of the lower oesophageal sphincter using hydrogel implants for the treatment of gastro-oesophageal reflux disease (IPG222)	June 2007
Therapeutic percutaneous image-guided aspiration of spinal cysts (IPG223)	June 2007
Insertion of extraurethral (non-circumferential) retropubic adjustable compression devices for stress urinary incontinence in men (IPG224)	July 2007
Corneal implants for the correction of refractive error (IPG225)	July 2007
Laparoscopic deroofing of simple renal cysts (IPG226)	July 2007
Corneal implants for keratoconus (IPG227)	July 2007
Laparoscopic cerclage for prevention of recurrent pregnancy loss due to cervical incompetence (IPG228)	August 2007
Laparoscopic repair of abdominal aortic aneurysm (IPG229)	August 2007
Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis (IPG230)	August 2007

<b>Title</b>	<b>Publication date</b>
Magnetic resonance image-guided transcutaneous focused ultrasound ablation for uterine fibroids (IPG231)	September 2007
Serial transverse enteroplasty procedure (STEP) for bowel lengthening in parenteral nutrition-dependent children (IPG232)	September 2007
Endovascular stent insertion for intracranial atherosclerotic disease (IPG233)	October 2007
Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain (IPG234)	October 2007
Intravesical microwave hyperthermia with intravesical chemotherapy for superficial bladder cancer (IPG235)	October 2007
Grenz rays therapy for inflammatory skin conditions (IPG236)	November 2007
Percutaneous pulmonary valve implantation for right ventricular outflow tract dysfunction (IPG237)	November 2007
Mini/micro screw implantation for orthodontic anchorage (IPG238)	November 2007
Laparoscopic techniques for hysterectomy (IPG239)	November 2007
Soft-palate implants for simple snoring (IPG240)	November 2007
Soft-palate implants for obstructive sleep apnoea (IPG241)	November 2007
Transcranial magnetic stimulation for severe depression (IPG242)	November 2007
Thoracoscopic aortopexy for severe primary tracheomalacia (IPG243)	December 2007
Circumferential epithelial radiofrequency ablation for Barrett's oesophagus (IPG244)	December 2007
Thoracoscopically assisted mitral valve surgery (IPG245)	December 2007
Hybrid procedure for interim management of hypoplastic left heart syndrome in neonates (IPG246)	December 2007
Thoracoscopic excision of mediastinal parathyroid tumours (IPG247)	December 2007
Endoscopic saphenous vein harvest for coronary artery bypass grafting (IPG248)	December 2007
Ultrasound-guided catheterisation of the epidural space (IPG249)	January 2008
Arteriovenous extracorporeal membrane carbon dioxide removal (IPG250)	January 2008
Liposuction for chronic lymphoedema (IPG251)	February 2008
Laser-assisted cerebral vascular anastomosis without temporary arterial occlusion (IPG252)	February 2008
Laparoscopic mobilisation of the greater omentum for breast reconstruction (IPG253)	February 2008
Endobronchial ultrasound-guided transbronchial needle aspiration for mediastinal masses (IPG254)	February 2008
Intraoperative nerve monitoring during thyroid surgery (IPG255)	March 2008
Suburethral synthetic sling insertion for stress urinary incontinence in men (IPG256)	March 2008

Note: Topics for the interventional procedures programme are self-notified by the clinical community and other stakeholders, after which work begins almost immediately. A long-term forward planner of expected issue dates is therefore not available.

### **Support for implementing NICE interventional procedure guidance**

We produce tools to support local implementation of our guidance. When interventional procedure guidance specifies special arrangements, audit support is produced to help individual clinicians and NHS trusts to implement the guidance. The audit support is available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

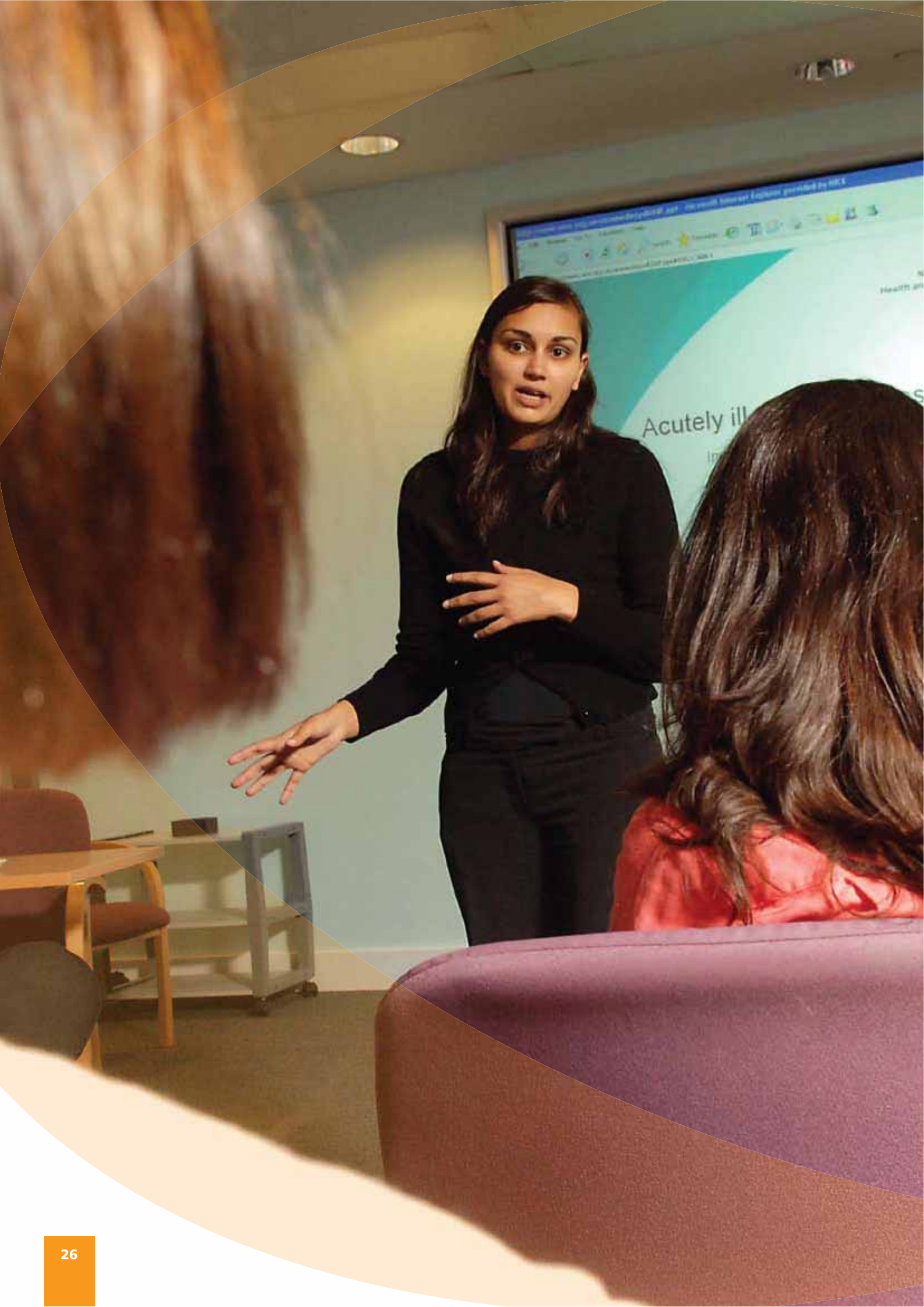
### **Technical patient safety solutions published and in progress in 2007/8**

<b>Title</b>	<b>Publication date</b>
Technical patient safety solutions for medicines reconciliation on admission of adults to hospital	December 2007
Technical patient safety solutions for prevention of ventilator-associated pneumonia in adults (in progress)	August 2008*

\* expected at time of going to press

### **Support for implementation**

NICE produced a costing tool, slide set and audit support to help local implementation of the guidance on medicines reconciliation. These are available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).





# Implementation

NICE guidance benefits everyone – patients, carers, the public and the NHS. It helps to ensure consistent improvements in people's health. In 2007/8 NICE further developed a significant programme of work to support implementation of its guidance.



## Helping to put NICE guidance into practice

In 2007/8, NICE further developed its work on implementation to support patients and carers, healthcare professionals and organisations. This work included:

- publishing leaflets for patients, in English and Welsh, on accessing treatment recommended by NICE
- launching a new resource outlining activities by patient organisations that support the implementation of NICE guidance
- judging the first Shared Learning Award
- launching a new education strategy and initiatives
- keeping in touch with organisations inside and outside the NHS
- publishing commissioning guides, implementation tools, implementation reports and a series of 'how to' guides.

## Electronic guidance access project launched

In 2007/8, NICE launched the electronic guidance access project (EGAP) to examine how advances in information technology could help to disseminate guidance.

At present, users access guidance in PDF or MS Word format and they have to use the complete guidance documents. This often means trawling through a great deal of material to find a specific item. New information technology tools could change that.

EGAP is investigating how guidance could be produced in an electronic format, appropriate to the end user. In this format, our guidance could easily be displayed on the NICE website or Trust intranets and integrated into systems such as the National Library for Health, the Map of Medicine, or clinical decision support systems.

For example, clinical decision support systems could allow clinicians to access relevant information from NICE guidance by clicking through at appropriate points on the care pathway. There are other novel applications that could enhance access by patients and the public too.

## Shared Learning Award

The Shared Learning Award, launched by NICE in 2007/8, celebrates the very best of the content on the Shared Learning Database. By the end of the year, the database contained 81 submissions from NHS organisations, showing how they were putting NICE guidance into practice.

Twelve projects were shortlisted from over 70 entries for the award and these were presented as posters in the exhibition hall at the NICE annual conference in December 2007. Four made it through to the final.

The joint winners of the NICE Shared Learning Award 2007 were:

- a buddy scheme run by North East Lincolnshire Primary Care Trust (PCT) for people with pulmonary disease (see case study 13), and
- an abnormal uterine bleeding service run by Bradford and Airedale Teaching PCT.

The judges of the award described them as exemplary projects. Both, they said, demonstrated how NICE guidance can be used to improve healthcare in the local community.

The winners each received a trophy, certificate and £1000 to be spent on NICE implementation within their organisation.

All submissions to the database, which is rigorously quality-controlled, can be seen on the NICE website.

## Education, education, education

Education of health professionals about evidence-based interventions has the potential to promote the uptake of NICE guidance. NICE has therefore proposed a set of initiatives to support education and professional development. The aim is to ensure that people working in the NHS understand the context and values underpinning NICE guidance.

An education strategy developed in 2007/8 proposes three sets of educational activities:

- engagement with key partners to ensure that NICE themes are considered in study programmes
- education packages and tools to facilitate related learning
- support for educational initiatives that develop future leaders in evidence-based healthcare.

This long-term programme will require collaborative working with partners, many of whom have been identified already. NICE is committed to including this programme in its business planning and making sure it has the mechanisms to monitor and evaluate progress.

A demonstration project is already underway to develop an education package for medical students that will help them learn about our guidance and how it can be implemented. This package will be developed, piloted and evaluated in collaboration with institutions responsible for medical education. The package and associated online tools will then be made available for wider use.

In 2007/8, NICE built on the success of two previous projects and commissioned seven new online education tools. Modules are free to access and designed to support clinicians' knowledge of NICE recommendations and how to implement them. An evaluation is underway and will report in 2008/9. The online tools were developed by BMJ Learning and cover aspects of the recommendations in the following NICE guidance:

- bipolar disorder: management in primary care
- bipolar disorder: management in secondary care
- feverish illness in young children
- feverish illness in young children: a guide for paediatric practitioners
- sexually transmitted infections and under 18 conceptions
- heavy menstrual bleeding: management in primary care
- heavy menstrual bleeding: management in secondary care.

## Case study 13

### Buddies lead the way

One of the joint winners of the 2007/8 Shared Learning Award was North East Lincolnshire Primary Care Trust's pulmonary rehabilitation buddies – an innovative scheme that puts patients at the heart of the service.

The service offers a 10-week programme of exercise and education to patients with chronic obstructive pulmonary disease (COPD). It is based on the NICE 2004 clinical guideline, which emphasises taking a holistic, multidisciplinary approach.

The programme has been co-produced and is co-delivered with expert patients called the pulmonary rehab 'buddies'. They work as equal members of the team, bringing their experience as a patient.

The programme led to big improvements in the physical and emotional wellbeing of the 31 people who had completed the course. The average distance walked went from 198 metres before the course to 779 metres at the end of it. The patients were less breathless, less tired and felt more in control of their lives. The programme led to substantial cost savings for the NHS: £2618 for each patient completing the course.

Pamela Hancock, Clinical Coordinator for Chronic Obstructive Pulmonary Disease, said, 'The NICE guidance is not an ABC of how to do it, but it gives you ideas. We like to think that this is not only based on the word of the NICE guidance, but embraces the spirit of NICE.'

Winning the award has been a huge boost. Referral rates have increased as a result of the publicity and the £1000 prize money has been put towards developing a cafe.

Ms Hancock said, 'When you are doing something innovative it can be quite intimidating. This has given us confidence to know we are doing the right thing.'



## Case study 14

### Ringling the changes

Healthcare managers and clinicians have told NICE that they need simple, practical advice about how to encourage individuals and organisations to change when it comes to implementing evidence-based guidance. In December 2007, they got it with the launch of a new 'How to change practice' guide.

The guide comes in three parts. Part 1 looks at the barriers to change, highlighting the important first steps of finding out what needs to change and why. Part 2 looks at how to identify specific barriers, and part 3 focuses on evidence-based advice of what really works.

Dr Gillian Leng, NICE Deputy Chief Executive and Implementation Director, said, 'Changing established behaviour of any kind is not easy and can take a long time – for example, a clinical guideline can take up to 3 years to be fully implemented. Changing behaviour is particularly challenging in healthcare because of the complex relationships between a wide range of organisations, professionals, patients and carers. We have based our practical advice on learning from our work with NHS organisations across the country, feedback received from workshops and published literature.'

This guide is part of a series. The first was published in September 2007, and looked at how to put NICE guidance into practice.

### Implementation uptake reports published

The Evaluation and Review of NICE Implementation Evidence (ERNIE) database is a source of information on the implementation and uptake of NICE guidance. It provides a bank of guidance-specific reports produced in-house as well as references to external literature.

In 2007/8 NICE produced 18 uptake reports covering a wide range of guidance topics. They are available on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

### Implementation tools published

In 2007/8, NICE produced and upgraded its range of tools to support implementation of its guidance at the local level. In addition to some of these listed previously, they included:

- the forward planner, including an e-alert system, to help people plan for and implement NICE guidance
- audit support for all technology appraisals, clinical guidelines and selected interventional procedures and public health guidance
- costing tools for all technology appraisals, clinical guidelines and public health guidance
- implementation advice for all clinical guidelines and public health guidance
- slide sets for use with a variety of audiences for most guidelines and selected public health guidance.





## Commissioning guides published

NICE produces web-based, topic-specific commissioning guides to help the NHS in England effectively commission evidence-based care for patients. Each commissioning guide signposts and provides topic-specific information on key clinical and service-related issues to consider during the commissioning process. The guides also offer an indicative benchmark of activity to help commissioners determine the level of service needed locally. Within each commissioning guide, an interactive tool provides data for local comparison against the benchmark and resources to estimate and inform the cost of commissioning intentions.

In 2007/8, NICE published commissioning guides on services for:

- bariatric surgery
- cardiac rehabilitation
- cognitive behavioural therapy
- endometrial ablation
- faecal incontinence
- female urinary incontinence
- heart failure
- hysterectomy
- intrauterine devices and system
- memory assessment.

NICE also published updates of the commissioning guides for services for:

- anticoagulation therapy
- upper gastrointestinal endoscopy
- footcare for people with diabetes
- assisted discharge for people with chronic obstructive pulmonary disease
- pulmonary rehabilitation for people with chronic obstructive pulmonary disease.

## The local face of NICE

NICE has a team of implementation consultants and coordinators based throughout England. The field team keeps in regular touch with organisations involved with NICE guidance, both within and outside the NHS.

NICE implementation consultants offer:

- tailor-made updates and advice to help senior management implement NICE guidance
- support to help raise the profile of NICE guidance locally, for example, through local strategic partnerships
- problem solving, by sharing examples of how organisations have successfully implemented NICE guidance
- advice on how to use implementation support tools
- a chance to feed back to NICE on local issues, ideas for new topics and general suggestions for improvement
- occasional updates for networks involved in service or professional development.



# Involving patients and the public

NICE works with patients, carers, patient organisations and the wider public to produce guidance that reflects their views and meets their healthcare needs. In 2007/8, NICE continued to develop its work in this area.



## Getting involved

Patients, carers and the public can get involved with NICE by:

- suggesting a topic for guidance
- commenting on draft guidance
- joining a NICE committee, working group or the Citizens Council
- helping disseminate guidance and encourage its implementation.

National organisations representing patients and carers can also register an interest in a NICE work topic via the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). This gives the opportunity to comment on all the draft guidance and to submit evidence on patients' views and experiences that might not otherwise be captured by a standard systematic review.

## Patient and Public Involvement Programme

The Patient and Public Involvement Programme continues to develop and extend opportunities for patient and community groups, as well as individual patients, carers and members of the public, to contribute to the development and implementation of NICE guidance. This year, new developments have included:

- a questionnaire sent out to groups representing patients, carers and the public before meetings of the NICE topic selection consideration panels. This has had a real impact on how the lay and professional panel members view a topic
- proactively targeting organisations representing people from black and minority ethnic communities, which increased stakeholder registrations from these groups
- refining a new method for obtaining patients' views for interventional procedures, and enhancing support for technology appraisals to include the single technology appraisal process
- a new 'follow-up' training workshop offered to patient and carer members of Guideline Development Groups
- piloting patient involvement methods as part of the wider patient safety pilot projects
- establishing new channels for publicising 'Understanding NICE guidance' through NHS Direct and NHS Choices.

## Spreadsheet spreads good practice

In 2007/8, NICE's Patient and Public Involvement Programme launched a spreadsheet detailing the ways in which patient groups are actively supporting the dissemination and uptake of NICE guidance.

Examples of the sorts of activities that can be found on the spreadsheet, which is available on the NICE website, include:

- an audit tool developed by the Multiple Sclerosis Society to support NICE's clinical guideline on the care of people with multiple sclerosis
- an awareness campaign by Breakthrough Breast Cancer supporting the familial breast cancer guideline
- leaflets and posters produced by OCD Action to support the obsessive-compulsive disorder guideline
- funding for specialist nurses by Macmillan Cancer Relief following publication of the head and neck cancer service guidance
- training for primary care staff developed by 'beat' (formerly the Eating Disorders Association), following publication of the eating disorders guideline.

## Case study 15

### Speaking up for patients and the public

The Patient and Public Involvement Programme (PIIP) supports all lay members on NICE's committees and lay member groups. Barbara Greggains has served as a lay member on a NICE Guideline Development Group, and is now on a Technology Appraisal Committee.

She said, 'The PIIP ensures that the views and experiences of patients and the public are fed into all aspects of the work of NICE, providing the essential "reality check" that is needed to help shape the guidance and recommendations that NICE produces.'

The programme identifies, trains and supports lay people who can bring relevant experience and knowledge to the various NICE committees. Beyond this, it has developed a large web of contacts consisting of both formal national patient organisations and less formal links.

All opinions and personal experiences of healthcare conditions are welcomed and there is support for those who might have difficulty in expressing their views.

The PIIP has influence at every level of NICE's complex organisation and as such is constantly expanding and adapting as NICE's role develops. This is no "token gesture" operation – it is a highly effective, organised and conscientious patient and public involvement programme.

The PIIP has helped to empower me and others who speak up on behalf of patients and the public and is essential in supporting the development and implementation of NICE guidance.'





## The Citizens Council

The Citizens Council brings the views of the public to NICE's decision-making. A group of 30 people drawn from all walks of life, the Citizens Council tackles challenging questions about values – such as fairness and need. The Citizens Council met twice in 2007/8. At its first meeting, in June 2007, the Council considered the social value judgements around patient safety. At its second meeting, in January 2008, the Council considered the issue of severity of illness.

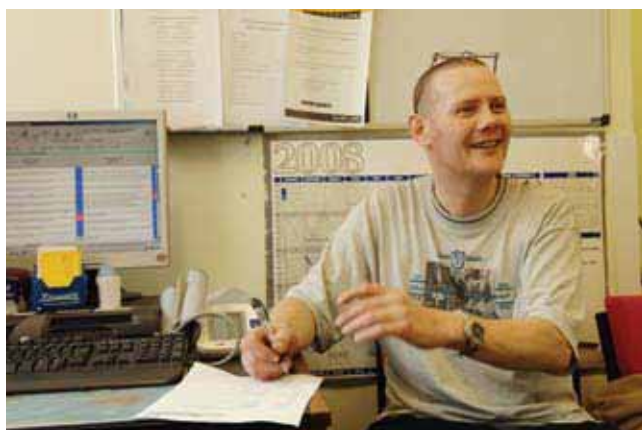
### A new look at social value judgements

NICE takes difficult decisions on behalf of everyone who relies on the NHS for their care. We need to make sure that the way we go about it is consistent, as far as possible, with the values we all hold. In 2005 NICE developed a new statement called 'Social value judgements: principles for the development for NICE guidance', to help guide its advisory bodies as they make their decisions.

In 2007/8, NICE's research and development team began to update this document, drawing heavily on Citizens Council reports on issues such as patient safety and health inequalities. The team also took advice from the public, and academics and other experts.

In November 2007, the Board approved a new draft for public consultation, which ran from December 2007 to March 2008.

Professor Peter Littlejohns, Clinical and Public Health Director at NICE, said, 'The draft document sets out how specific ethical and social issues might need to be taken into account when NICE develops its clinical and public health guidance. It also describes the principles that NICE should follow in designing the processes it uses to develop guidance. It gives an interesting insight into what NICE takes account of when coming to its decisions, including considerations on how cost-effectiveness analysis informs decision-making.'



## Case study 16

### Accessing expert advice on disability

NICE is committed to ensuring equality for people with disabilities through its Equality Scheme Action Plan and in February 2008 it held two workshops to explore how people with disabilities could be more involved in its work.

Twenty-four disabled people attended the meeting, drawn from a wide range of organisations and backgrounds. They were joined by NICE directors and staff, and spent the day exploring questions about involvement. There were some challenging answers. For example, NICE needs to look at a wider range of methods to include people who may find it difficult to attend a meeting, and there should be an external review group to scrutinise NICE's equality scheme.

NICE also needs to involve people with disabilities in non-disability-related activity. As one participant said, 'Involving disabled people will improve products and services.' NICE needs to use plain English standards in all its documents, not just those for the public. A participant commented, 'You speak NHS, I don't.'

In 2008/9, NICE will build on the success of the workshops by continuing to work with people with disabilities to prioritise and act on activities suggested by workshop participants, as well as exploring how to extend this approach to other groups affected by the equality scheme. NICE will also launch an internal communications campaign called 'I don't speak NICE' to encourage staff to write in everyday English and set out practical advice for creating clear, effective and engaging documents.





# Reaching out

NICE seeks to reach out to stakeholders in a wide variety of ways. From the continually improving and updated website through to participation in regional, national and international events, NICE has fostered dialogue with stakeholders and partner organisations.



## **NICE 2007 conference**

The 2007 NICE annual conference took place at the Manchester Central Convention Complex on 5–6 December 2007. Over 1000 delegates addressed the theme of 'Evidence into Practice', looking at how NICE uses expert advice and evidence to develop its guidance. The conference also provided a showcase for real examples and case studies from people working in the NHS and wider public health community on the best ways to turn recommendations into reality.

The conference programme boasted an impressive line-up of more than 80 speakers, including Lord Adebawale, Chief Executive of Turning Point, and Sir Muir Gray, Director, Clinical Knowledge, Process and Safety, NHS Connecting for Health. Dr Phil Hammond, GP and TV/radio presenter, was back by popular demand as conference facilitator. There was also a chance to enjoy an exhibition with more than 50 exhibitors.

## **Board meetings and NICE question time sessions**

NICE holds six public Board meetings a year. In 2007/8, these were held in Nottingham, Ipswich, Portsmouth, London, Sheffield and Canterbury. A 'question time' session was held alongside each of these meetings, allowing those working in the health services and public health sectors to put their questions to the NICE Board. This year, two of the sessions focused on public health, raising awareness of our public health guidance at a local level and offering an opportunity for the public health community to hear more about our public health programme. We plan to roll out more themed 'question time' sessions in 2008/9.



## NICE online

The NICE website continues to provide easy and efficient access to NICE guidance, guidance implementation tools and other NICE products. A major technical upgrade of the site will improve its ease of use in coming years.

The website attracts a growing number of visitors from around the world. There were 504,285 visits to the site in March 2008, up from 249,759 a year earlier. During March 2008, there were visitors to the website from 195 different countries across the world.

Two regular electronic newsletters – 'Into practice', aimed at people implementing NICE guidance, and 'NICE news', which contains more general items – were published throughout the year. NICE's E-media team also maintain a number of databases that can be accessed online and which are detailed elsewhere in this report.

## Exhibitions and conferences

NICE staff attended a wide range of exhibitions and conferences as delegates, speakers and exhibitors throughout 2007/8. The events at which NICE had a presence included:

- Royal College of Nursing Congress and Exhibition
- Anticoagulation in Practice 2007
- National Association of Head Teachers Annual Conference
- Patient Involvement, Empowerment and Information
- Infection Control and Prevention Conference
- Royal College of Midwives Annual Conference
- Health Technology Assessment International 07 – HTA for Evidence-based Public Health
- NHS Confederation Annual Conference
- Faculty of Public Health Annual Conference
- Local Government Association Annual Conference: Closer to People and Places
- Perinatal Mental Health Conference
- National Commissioning Conference
- Early Achievers/Pioneers LHC-wide Event
- British Pharmaceutical Conference 2007
- Health Protection 2007
- The Deteriorating Hospital Patient 2007
- Royal College of General Practitioners Annual Conference on Primary Care
- Continence Foundation Conference and AGM
- Local Government Association/Association of Directors of Social Services National Children and Adult Services Conference





- The Westminster Fly-In Advocacy Fair
- Derbyshire PCT Celebration Event
- Central Lancashire PCT – Practice Based Commissioning
- 5th Annual Drug and Alcohol Professionals Conference
- Royal College of Surgeons conference, Improving Patient Outcomes
- First North West Clinical Congress 2007
- Risk and Patient Safety 07
- Non-Governmental Organisations Forum
- Clinical Audit and Improvement 2008
- Improving Patient Safety Conference (East of England NHS)
- 2nd Peninsula Public Health Learning Event
- Diabetes UK Annual Professional Conference
- Local Government Association 2nd Sustainable Communities Conference 2008.

NICE continued its popular fringe events at the main political party conferences in 2007. Health spokespeople for the Liberal Democrats and Conservatives and the former Health Minister, The Rt Hon Frank Dobson MP (at the Labour Party fringe meeting), introduced the NICE Chairman and Chief Executive and chaired lively debates with delegates.





# About us

NICE has a robust corporate governance structure ensuring that the Institute has a clear direction and a strong focus on delivery.

## The Board

The Board's membership in 2007/8 was as follows:

**Professor Sir Michael Rawlins**

Chairman

**Mark Taylor**

Vice-chairman

**Professor Shah Ebrahim**

Non-Executive Director

**Frederick George**

Non-Executive Director

**Ms Jenny Griffiths**

Non-Executive Director

**Dr Margaret Helliwell**

Non-Executive Director

**Mercy Jeyasingham**

Non-Executive Director

**Professor Rona McCandish**

Non-Executive Director

**Professor Patrick Morrison**

Non-Executive Director (from November 2007)

**Professor Helen Roberts**

Non-Executive Director

**Jonathan Tross CB**

Non-Executive Director

**Andrew Dillon CBE**

Chief Executive

**Dr Gillian Leng**

Implementation Director and Deputy Chief Executive  
(Deputy Chief Executive from November 2007)

**Professor Peter Littlejohns**

Clinical and Public Health Director

**Andrea Sutcliffe**

Deputy Chief Executive and Planning and Resources  
Director (until November 2007)

**Ben Bennett**

Business Planning and Resources Director  
(from November 2007)

## Board Sub-committees

### Audit Committee

The Audit Committee provides an independent and objective review of arrangements for internal control within NICE, including risk management. The members of the Audit Committee in 2007/8 were:

**Jonathan Tross CB\***

Non-Executive Director

**Frederick George**

Non-Executive Director

**Ms Jenny Griffiths**

Non-Executive Director

**Mark Taylor**

Non-Executive Director

\*Chair of the Committee

### The Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee sets remuneration levels and terms of service for senior staff at NICE, in line with NHS practice. The members of the Remuneration and Terms of Service Committee in 2007/8 were:

**Professor Sir Michael Rawlins**

Chairman\*

**Mark Taylor**

Vice-chairman

**Jonathan Tross CB**

Non-Executive Director

**Frederick George**

Non-Executive Director

\*Chair of the Committee

## Senior Management Team

The members of the NICE Senior Management Team in 2007/8 were:

**Andrew Dillon CBE**, Chief Executive

**Andrea Sutcliffe**, Deputy Chief Executive and Planning and Resources Director (until November 2007)

**Dr Gillian Leng**, Implementation Director and Deputy Chief Executive (Deputy Chief Executive from November 2007)

**Ben Bennett**, Business Planning and Resources Director (from November 2007)

**Professor Peter Littlejohns**, Clinical and Public Health Director

**Dr Carole Longson**, Director of the Centre for Health Technology Evaluation

**Dr Mercia Page**, Director of the Centre for Clinical Practice

**Professor Mike Kelly**, Director of the Centre for Public Health Excellence

**Louise Fish**, Communications Director

## Citizens Council Committee

The Citizens Council Committee, in consultation with the rest of NICE, decides the questions to be put to the Citizens Council. The members of the Citizens Council Committee in 2007/8 were:

**Professor Sir Michael Rawlins**  
Chairman\*

**Mercy Jeyasingham**  
Non-Executive Director

**Professor Peter Littlejohns**  
Clinical and Public Health Director

**Professor Helen Roberts**  
Non-Executive Director

**Andrea Sutcliffe**  
Deputy Chief Executive and Planning and Resources Director (until November 2007)

\*Chair of the Committee

## Independent advisory committees

Members of these committees include health professionals working in the NHS and people who are familiar with the issues affecting patients and carers. While they may seek the views of organisations that represent health professionals, patients and carers, manufacturers and government, their advice is independent of any vested interest. They are:

- **Interventional Procedures Advisory Committee** chaired by Professor Bruce Campbell
- **Public Health Interventions Advisory Committee** chaired by Dr Catherine Law OBE
- **Research and Development Advisory Committee** chaired by Professor Tony Culyer
- **Technology Appraisal Committee** chaired by Professor David Barnett and Professor Andrew Stevens

## Independent academic centres

NICE commissions an independent academic centre to review the published evidence on the relevant technology when developing technology appraisals guidance. NICE currently works with the following organisations:

- Health Economics Research Unit and Health Services Research Unit, University of Aberdeen
- Liverpool Reviews and Implementation Group, University of Liverpool
- Centre for Health Economics, University of York and the Regional Drug and Therapeutics Centre, Newcastle (main contact for single technology appraisals)
- Centre for Reviews and Dissemination and Centre for Health Economics, University of York (main contact for multiple technology appraisals)
- Peninsula Technology Assessment Group, Peninsula Medical School, Universities of Exeter and Plymouth
- School of Health and Related Research, University of Sheffield
- Southampton Health Technology Assessment Centre, University of Southampton
- West Midlands HTA Collaboration, Department of Public Health and Epidemiology, University of Birmingham

NICE also commissions an independent academic centre to review published evidence on the relevant topics when developing public health guidance. The Centre for Public Health Excellence at NICE in 2007/8 worked with the following organisations:

- British Columbia Centre for Women's Health
- Enterprise LSE
- Institute of Occupational Medicine, Edinburgh
- The Matrix Knowledge Group
- Medical Research Council Social and Public Health Sciences Unit



- Department of Social and Policy Sciences, University of Bath
- West Midlands Health Technology Assessment Centre, University of Birmingham
- Support Unit for Research Evidence (SURE), University of Cardiff
- School for Health, University of Durham
- Centre for Public Health, Liverpool John Moores University
- The British Heart Foundation Health Promotion Research Group (University of Oxford) and the British Heart Foundation National Centre for Physical Activity and Health (University of Loughborough)
- School of Health and Related Research (SchARR), University of Sheffield
- Institute of Medical and Social Care Research, University of Wales, Bangor
- The Mother and Infant Research Unit and the York Health Economics Consortium, University of York

### National Collaborating Centres

The National Collaborating Centres harness the expertise of the royal medical and nursing colleges, professional bodies and patient carer organisations in developing clinical guidelines.

- NCC for Acute Care based at the Royal College of Surgeons
- NCC for Cancer based at the Velindre NHS Trust
- NCC for Chronic Conditions based at the Royal College of Physicians
- NCC for Mental Health run jointly by the Royal College of Psychiatrists and the British Psychological Society
- NCC for Nursing and Supportive Care based at the Royal College of Nursing
- NCC for Primary Care based at the Royal College of General Practitioners
- NCC for Women's and Children's Health based at the Royal College of Obstetricians and Gynaecologists

### Review body for interventional procedures

The Review Body for Interventional Procedures is a consortium of two universities, the School of Health and Related Research, University of Sheffield and the Health Services Research Unit, University of Aberdeen.

NICE has commissioned the Review Body to carry out systematic reviews of the evidence on interventional procedures if required. The Review Body also provides advice on the assessment of interventional procedures to the Committee, the Committee Chair and the Interventional Procedures Programme team. Academic members of the Review Body attend Committee meetings in a technical advisory capacity.

### Staff at NICE

NICE has established an office in Manchester and most vacant and new posts are being recruited there. The Institute has around 270 staff, of whom about 75 are currently based in Manchester. The majority of the rest are in London, with about 35 permanent home workers. Our plan is to have equal numbers of staff in the Manchester and London offices by 2012.

### Equal opportunities

NICE is committed to promoting equality and eliminating unlawful discrimination. We aim to comply fully with all legal obligations to:

- promote equality and equality of opportunity between men and women, regardless of race or disability
- eliminate unlawful discrimination on grounds of race, disability, age, sex and gender, sexual orientation, and religion or belief in the way we carry out our functions and in our employment policies and practices.

NICE produces an equal opportunities report each year for the Secretary of State for Health, the most recent of which shows:

- 12.3% of the workforce belong to a minority ethnic group
- 74% of employees are female
- 25% of the workforce are aged under 30, 33% are aged between 30 and 40, 26% are aged between 40 and 50, and 15% are aged 50 and over.

## Partners Council

The Partners Council provides a forum for exchanging ideas and future plans between NICE and its stakeholders. Members are drawn from organisations with special interests in NICE's work. They include patient groups, health professionals, NHS management, quality organisations, industry and trade unions. Members are appointed by the Secretary of State for Health and the Welsh Assembly Government. Members of the NICE Partners Council in 2007/8 were:

Organisation	Name
Academy of Medical Royal Colleges	Professor Tim Coates
Arthritis & Musculoskeletal Alliance	Bill Freeman
Association of Ambulance Services	Paul Grant
Association of British Healthcare Industries	Colin S Morgan
Association of British Insurers	Dr Natalie-Jane Macdonald
Association of Directors of Social Services	Mr Ted Unsworth
Association of the British Pharmaceutical Industry	Mr David J Fisher
Association of Welsh Community Health Councils	Professor David Owens
Black Health Agency	Mr Nick Barstow
British Dental Association	Susie Sanderson
British Dietetic Association	Lee Hooper
British Medical Association	Dr David Lewis
British Psychological Society	Stephen Pilling
BUPA	Dr Andrew Vallance-Owen
Carers UK	Malcolm Blanch
Chartered Institute of Environmental Health	Mr Graham Jukes
Chartered Society of Physiotherapy	Kate McCoy
College of Occupational Therapists	Dr Elizabeth White
Community Practitioners and Health Visitors Association	Ms Lesley Young-Murphy
Equalities National Council BME Disabled People/Carers	Ms Julie-Jaye Charles
Faculty of Dental Surgery	Professor Fraser McDonald
Faculty of Pharmaceutical Medicine	Dr David Galloway
Faculty of Public Health Medicine	Professor Rod Griffiths, Dr Alan Maryon Davies
Independent Healthcare Forum	Dr Andrew Vallance-Owen
Institute for Quality Assurance	To be appointed
Local Government Association	Cllr David Rogers OBE
National Consumer Council	Saranjit Sihota
National Federation of Women's Institutes	Margaret Simons
NHS Confederation	Bryan Stoten
Royal College of Anaesthetists	Dr Anne May
Royal College of General Practitioners	Dr Mayur Lakhani
Royal College of Midwives	Julie Wray
Royal College of Nursing	Maura Buchanan, Clare Morrell
Royal College of Obstetricians and Gynaecologists	Professor Allan Templeton
Royal College of Ophthalmologists	Professor Usha Chakravarthy
Royal College of Paediatrics and Child Health	Dr Edward Wozniak
Royal College of Pathologists	Dr Peter Cowling
Royal College of Physicians	Professor Ian Gilmore
Royal College of Psychiatrists	Dr Paul Lelliott
Royal College of Radiologists	Rodney Reznick
Royal College of Speech and Language Therapists	Diane Payne
Royal College of Surgeons	Dr Mark Emberton
Royal Institute of Public Health	To be confirmed
Royal Pharmaceutical Society of Great Britain	Mr John Patrick Farrell
The Princess Royal Trust	Alison Ryan
UNISON	Bob Abberley
United Kingdom Public Health Association	Professor David Hunter
Wales Council for Voluntary Action	David Smith
Ex-Citizens Council	Sylvia Brown
Ex-Citizens Council	Audrey Pestell

## Staff profiles



**Beth Shaw** joined NICE in March 2008 as a technical adviser on the short guidelines team. Her job, in essence, is to pull together the research around a guideline topic and advise on methodology.

'People come into these jobs from all sorts of backgrounds,' she says. 'I started with a maths degree and then did information studies, but always knew I wanted to work in healthcare, and particularly the public sector.'

Immediately before joining NICE she worked at the National Collaborating Centre for Primary Care (on secondment from the University of Leicester).

'NICE commissioned us to do guidelines,' she explains. 'I thought I knew the organisation, but now I am working here I find there is lots to learn.'

Beth enjoys the challenge of each new topic and the attention to detail the work demands. 'We have to balance that detail with the whole package. What we are trying to do is make recommendations that help decision-making between patients and clinicians.'



**Clifford Middleton** joined NICE 4 years ago as an administrator. He is now Research and Development Project Manager, working across the Institute to improve the way NICE works.

'In 2007/8 the R&D team coordinated a project to evaluate NICE's fast-track appraisal process. I was involved in planning the work, dealing with the team of researchers carrying it out, making sure everyone was on track and on time and generally organising the project,' he says.

It's a stimulating job where he works alongside some of the top researchers in the country. 'I like the people I work with,' he says. 'I admire their level of intelligence and devotion to their work.'



**Kristina Bird** is Associate Director (E-media) and jointly manages the eight-strong E-media team with her job-share partner, Andrea Horth.

She joined NICE from the Health Development Agency in 2005, where she had been developing websites to support public health work. In 2006, she helped launch NICE's new website.

'We are continually improving the website,' she says. 'Lots of behind-the-scenes work goes on to make sure people's experience of using it gets better and better.'

Kristina enjoys working for NICE. 'I like the fact that what we do really matters,' she says. 'It's interesting and controversial. It's a stimulating and driven place to work.'







# Financial overview

This section provides an overview of the Institute's financial accounts. The full statutory accounts have been published as a supplement and accompany this document. The full annual accounts are available on our website ([www.nice.org.uk](http://www.nice.org.uk)), or by writing to Natalie Sargent, Financial Controller, NICE, MidCity Place, 71 High Holborn, London WC1V 6NA or by contacting NICE on 0845 003 7780.

## Overall position

The Institute continued to develop the new programmes and activities that it had initiated in the previous year including topic selection and short guidelines. During the year it consolidated the activity relating to the production of optimal practice guidance into the main programme budgets. A significant development during the year was the acquisition, fit-out and occupation of new office accommodation in Manchester plus associated works to the Institute's IT infrastructure and complementary refurbishment works at the London offices. These capital works were all completed on time and within the capital budget of £1.2m. These new facilities allow the Institute to further improve the value of its activities through being able to take advantage of the lower Manchester cost base.

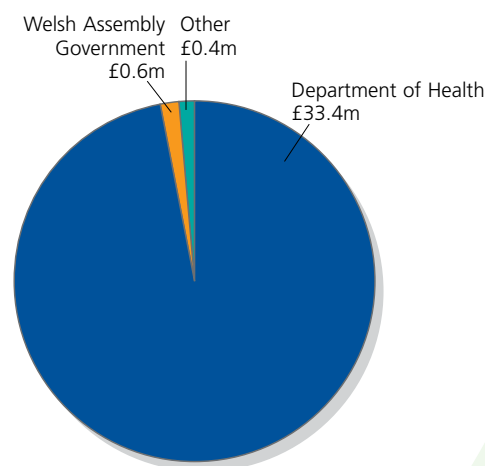
During the year there were a number of areas where there was programme slippage, particularly in public health topics where topic referral had been delayed. It was therefore agreed that the Institute could carry forward £0.8m of the 2007-08 revenue allocation into 2008-09 so that these activities can be completed.

The Institute has made provision for costs associated with legal action taken against it and the subsequent appeal. The Department of Health has provided some additional resource towards these costs and the Institute has been able to make provision within its 2007-08 resources to meet the likely full costs and to remain underspent overall on its revenue budget by £15,000.

## How is NICE funded?

Most of the Institute's funding comes from the Department of Health. This year it received £33.4m (including £1.2m for capital) as shown in **figure 1**. It also received £0.6m from the Welsh Assembly Government and £0.4m from other sources.

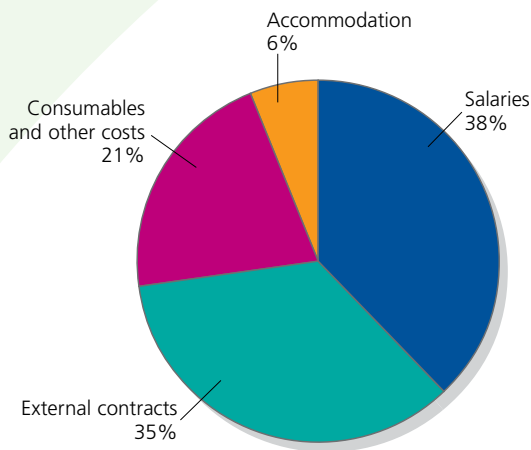
Figure 1



## How the funding was used

**Figure 2** shows what the money was spent on in 2007-08. The main areas of expenditure are external contracts and salaries. External contracts include the expenditure on collaborating centres which help us to produce clinical and public health guidance.

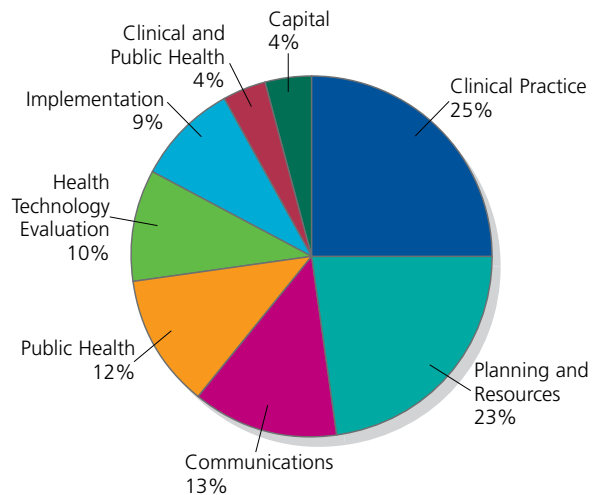
Figure 2



## Programme costs

**Figure 3** shows how the spending was split between the Institute's work programmes and the support functions.

Figure 3



## Auditors

The accounts have been audited by the Comptroller and Auditor General in accordance with the National Health Service Act 2006. The Audit Certificate can be found on pages 8 to 9 of the Annual Report and Accounts 2007/8 (Volume 2).

The Comptroller and Auditor General is TJ Burr.  
His address is:

**National Audit Office**  
151 Buckingham Palace Road  
Victoria  
London SW1W 9SS

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