The Darzi Review (NHS Next Stage Review) – What it means for NICE

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In July this year, Lord Darzi, Junior Health Minister and practising surgeon, announced the findings of his wide ranging review of the NHS (the *Next Stage Review*, emphasising the fact that it is intended as the 'next stage' of existing strategy for the NHS and not a new 're-organisation'). The review made many recommendations, several affecting NICE.

Among the recommendations are that NICE should take charge of a new 'NHS Evidence' service, be involved with setting the Quality and Outcomes Framework (QOF), increase the number of guidelines it produces, and work with the Department of Health to speed up the technology appraisal process (often relating to new drugs). A 'NICE Fellowship' programme will also be introduced among NHS professionals to encourage implementation of NICE guidance.

The NHS Constitution, announced alongside the review, reinforced NICE's position within the NHS and gave patients a legal right to drugs and treatments that the Institute has approved.

The review and accompanying constitution provide strong endorsements of NICE and the new responsibilities they confer fit well with our current work and our own vision of the future.

One of the most important announcements was about 'NHS Evidence'. Lord Darzi's report indicated that: 'A national clinical evidence base will be created, housing what local, national and international clinicians believe to be the best available evidence about clinical practice, pathways and models of care and innovations. This will be available to commissioners, practitioners, patients and the public alike.'

NICE and the NHS Institute have been asked to develop the business model for an innovative and accessible evidence service setting out a clear vision, operating arrangements and costs which will demonstrate real additional benefits for NHS staff and patients. Currently, evidence for effective clinical and public health practice is widely available but it is often difficult to access and variably applied in the NHS. A large number of different enterprises, many funded and some operated by the NHS, generate, interpret and present evidence. Despite this, NHS decision-makers often find it difficult to gain access to what they need when they are at the point of making a decision.

NHS Evidence will create a unified evidence base for everyone in the NHS who makes decisions about treatments or the use of resources, and for patients who want to know more about their care. The evidence will be comprehensive, quality assured and made available both in its original form and through guidelines, pathways, tools and other resources. It will inform patient care, commissioning and service management. Although it will have its own web site, the new service will operate primarily as an integral part of the existing decision-support systems used across the NHS, providing user- and context-specific material.

NHS Evidence will allow health professionals, commissioners and service managers to base their decisions on a shared, quality-assured evidence base. They will be able to offer and share their local experience of using evidence in designing and delivering services, and both individual users and NHS organisations will be able to create their own space within NHS Evidence to build their own evidence libraries. Patients will have the opportunity to be better informed about their conditions, the life-style options which might help, and the treatments available.

NHS Evidence will provide a convenient central location for a host of information and make clinicians' lives easier by providing a single point of access for that knowledge. There will be the option to receive alerts highlighting significant new evidence about specific areas of interest, and clinicians will also be able to add to their existing journal sources with a free, targeted, immediately accessible route to the latest studies and reports. Trainees will also have access to educational modules.

The first phase of this complex system is provisionally due to be operational by April 2009.

NICE has also been asked to help advise the Government on setting the **Quality and Outcomes Framework (QOF)** level. NICE will work with the Department of Health and professional and patient groups to create an independent, transparent process for developing and reviewing the indicators in the QOF. There will be an increased focus on health outcomes and quality, with the number of process indicators reduced. Local factors will be considered in greater depth, with increased flexibility to set targets which relate to local problems. A consultation period will take place before anything is finalised.

The proposals to speed up the NICE decision-making process and publish more guidelines are currently being finalised but have been welcomed by NICE.

Finally, the report recommended the establishment of a 'Fellowship' programme, which will create an important link between NICE and NHS professionals, who are the users of NICE guidance. The number of **NICE Fellows** and their precise remit are still the subject of debate; in principle, they are likely to be clinicians with dedicated time and commitment to 'represent' NICE in their local area. The review encourages those involved with developing the report and interested practitioners to apply for Fellowships once the system has been established.

Conclusions

The recommendations of the Darzi Review have reinforced the position of NICE and have expanded its remit – particularly with regard to becoming the central focus for clinical evidence for the NHS, as well as the producer of evidence-based guidance.