NICE news in the annals

An opportunity to shape future NICE guidance

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NICE has to have very well described methods and processes for producing its guidance. They explain exactly how NICE works, and have been developed through intense internal debate and extensive consultation with a wide range of interested parties. They are documented in explicit detail in its methods and process ‘guides’ and need to be followed carefully to minimise the risk of appeals or resolution requests that might find that NICE has breached its own processes.^{1–4} These challenges most often come from industry (notably the pharmaceutical industry) but they can be reasonably made by anyone who believes that NICE and its advisory committees have failed to follow their own stipulated working practices.

All NICE’s methods and processes have evolved as a result of experience, and they continue to do so. NICE is involved continually in self-critical consideration of its ways of working, informed by informal and formal input from a great variety of people and organisations. It has held symposia for the leaders of specialist organisations to find out about their views and preferences for engaging with advisors and other matters; these have contributed to the evolution of the NICE methods and processes.⁵ When the Medical Technologies Evaluation Programme was created there were working groups that involved clinical specialists (as well as a range of others) who made important contributions to the framing of its methods.

The challenges faced by the NICE advisory committees, month by month, and deliberations about how to deal with them, result in both subtle and more obvious shifts in the ways of making decisions and communicating them in guidance. In addition to all this, in the Interventional Procedures Programme we have carried out a range of studies, aimed at reviewing our work and learning from the findings.^{6–11}

All these changes are captured, from time to time, in updates of NICE’s various process and methods guides. There is currently a major exercise within NICE to review the guides for each of its programmes. One element of this is to consider combining ‘methods’ and ‘processes’ into a single guide for each programme, thereby perhaps simplifying matters for anyone who wants to know where best to search for information about the way any particular type of guidance is produced.

This review of methods is currently in progress for the Interventional Procedures Programme (and for the Medical Technologies Evaluation Programme it is to follow shortly). It consists of following a detailed schedule for considering a whole range of aspects of guidance production: issues as diverse as what evidence is used and how, how to engage with patients and the public, and what recommendations should say. Both internal and external groups have had a series of meetings to debate all these issues, with no restriction on the scope of ideas for evolution and change. The conclusions of all these discussions have been captured in a newly crafted draft guide, which should be available for public consultation for the first three months of 2015.

As a result, from January to March 2015, there will be a significant opportunity to comment on any aspect of the methods NICE uses for producing its guidance on interventional procedures, from how they are notified, through the ways in which they are evaluated and the involvement of specialists, to the content of the recommendations. All this will have already been discussed at length but in the knowledge that public consultation will enable NICE to test both its established practices and the proposed changes with all interested parties.

Two aspects of the Interventional Procedures Programme depend critically on specialist input. The first is notification of procedures. It is expected that any consultant who wants to perform a procedure for the first time will consult the NICE website. If the procedure is not listed there, NICE should be notified. This is how NICE finds out about the majority of procedures. I also write to the leaders of professional organisations, asking them for information about new procedures that are ‘on the horizon’ in their specialty but information about these from individual clinicians is equally helpful. The second pivotal aspect is engagement with surgeons and other specialists for advice about procedures, through NICE’s standard questionnaires and other ad hoc advice. Any suggestions for making these aspects easier, clearer or more fruitful would be appreciated.

Responses to the public consultation on the new methods guide really are important to NICE, not just in terms of about what people would like to see done differently but also what they agree with and think would work well. I

would like to encourage specialist organisations (royal colleges, societies and other bodies) and their individual members to take this opportunity of considering how the NICE Interventional Procedures Programme works and to comment on the proposals in the New Year.

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