Final NICE news in the annals

Reflections

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I wrote the first piece on NICE news in the *Annals* in 2004¹ and have lost count of the number since then. The overall aim was to increase awareness about NICE and its guidance among a wide surgical audience. There were two components: first, presenting selected NICE guidance in brief and simple language, and second (perhaps more important), explaining in brief essays how NICE works and the thinking behind what it is doing. Gradually but increasingly, I involved other people at NICE in writing the 'essays', about areas and subjects they could tackle much better than me (for example, Mark Baker's forthright piece on how NICE clinical guidelines can be abused).²

The space for NICE news in the *Annals* has also given us an opportunity to put into print the outcomes of useful meetings with the royal colleges and specialist associations about matters of mutual interest. These have included recommendations on training for new procedures and the provision of advice by specialists.^{3,4}

In 2004 NICE had existed for just five years. It produced only three types of guidance: clinical guidelines, technology appraisals and interventional procedures guidance. Since then, its scope has increased dramatically. It publishes different types of guidance on medical technologies, highly specialised technologies, diagnostics, public health, social care, safe staffing and medicines practice. It supplements these with quality standards, which embody some of the most important recommendations of its clinical guidelines.⁵

Owing to the complexity of all these different types of guidance, NICE pathways were introduced to help in navigating the maze for different clinical conditions.⁶ A comprehensive evidence searching facility has also been developed.⁷ NICE also offers a variety of advice services, including evidence summaries, local government briefings and medtech innovation briefings.⁸

The evolution of NICE's range of activities has been matched by the development of something much more important: the acceptance and respect of clinicians for its publications. In its early years, NICE faced quite substantial antagonism and scepticism from many surgeons and other clinicians. Even now, some harbour persistent criticism of NICE, usually based on one particular aspect of NICE guidance that they do not like. In general, however, hospital clinicians (I have less insight into general practitioners'

views) now treat NICE guidance as an important 'gold standard' in their practice. 'When is the NICE guidance going to be published?' and 'Are they going to review this one?' have become common questions in planning strategies for clinical care.

The way that hospitals deal with NICE guidance has progressed and improved beyond recognition.⁹ Clinical governance systems ensure that new guidance reaches relevant clinicians and the clinicians are asked, for example, about whether they are adopting new procedures that are the subject of interventional procedures guidance.

Perhaps one of the reasons that the respect of the clinical community for NICE and its work has burgeoned is that so many more specialists have had direct contact with NICE, providing advice during its evaluations, commenting on draft guidance, and serving on NICE's various independent advisory committees and guideline development groups (an experience that most seem to find both interesting and fulfilling). I have observed, on quite a number of occasions, the change in perspective of specialists who became involved with NICE in a critical and sceptical mood, who then witnessed the commitment, passion and precision involved in trying to 'get it right' when producing guidance. One specialist who had been an outspoken critic of NICE before joining one of my committees said quietly to me after his second meeting: 'I had no idea this would be so good.'

The underlying principles of NICE have not changed; these include independence, fairness, inclusiveness, genuine consultation and transparency. On the other hand, the ways in which they are observed have progressed year by year. All committee meetings can now be attended by members of the public and the opinions of advisers are open to public scrutiny, once guidance has been published. The lengths to which NICE's advisory bodies go to address equalities issues (which have multiplied in the last decade) are considerable. NICE has always remained resolutely independent of government in the production of its guidance and its move from being a special health authority to a non-departmental public body in 2013 helped to underline that independence.

The revolution in electronic communication has been embraced by NICE. Its guidance – once all produced as

paper copies – is now exclusively electronic and is supported by a website more sophisticated than was imaginable in 2004. The NICE app is just one development in communicating NICE guidance as efficiently as possible.¹⁰

The rest of the world has come to want NICE, its ways of working and its guidance. The number of hits on its website from other countries amounts to many thousands each day. At a strategic level, NICE International has provided help and advice to large numbers of health services worldwide, and it is currently involved in collaborative work in India, China, Singapore and South Africa.¹¹

The relationships of NICE with the pharmaceutical and medical technologies industries will always be somewhat volatile but recent years have seen much greater understanding, collaborative working and a thirst for advice from NICE in the commercial sector. As a result, NICE has developed scientific advice programmes, both for pharma and for medtech, to foster the production of appropriate and useful evidence on their products, which will assist the NICE committee with evaluations and make supportive recommendations more likely.

I will retire from chairing the NICE interventional procedures and medical technologies advisory committees at the end of 2015, and we have decided that my successors will not be asked to continue producing NICE news in the *Annals*. The reasons are all embedded in the reflections above. There is no longer the need to tell surgeons about NICE – they already know about it. They know which types of guidance are likely to influence their practice and how. Finding guidance electronically is so quick and easy now that highlighting selected guidance in print (see below) has come to be of dubious value.

My final reflection is how much fulfilment and fun I have had in my involvement with NICE. The breadth of procedures and technologies with which I have dealt has been limitless. The range of people with whom I have

debated them has been far beyond that with which most of my colleagues come into contact. The making of difficult decisions has been challenging and fascinating. I spell out these boons to encourage others. Getting involved with NICE and its decision making is rewarding on many levels. Giving specialist advice or contributing to public consultation provides a taste of this while serving on a guideline development group or, in particular, joining a standing advisory committee offers the wide range of experience that I have had the good fortune to enjoy. Getting involved with NICE and its decision making will enrich your professional life.

References

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