

*NICE: past,  
present & future*

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Welsh Obst & Gynae Society Meeting 2020



but hopefully to make a difference, that's what I've always wanted to do.



# NICE turns 21

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## An acronym with a purpose

**National Institute for  
Clinical Excellence  
1999**

**National Institute for  
Health & Clinical  
Excellence  
2005**

**National Institute for  
Health & Care  
Excellence  
2013**





## Background

**Local decision-making  
drives significant  
variation**

**Public engagement  
into forefront**



**Reduce variation**

**Resolve  
uncertainty  
about medicines  
and treatments**

**Set national  
standards**

NICE

Executive

Public  
body

Funded  
by DoH



First CG: Schizophrenia

First IP guidance: UAE for fibroids





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21 years.....

Survived and grown

*We'd all aspire to be treated where one  
follows evidence-based care with kindness &  
compassion*

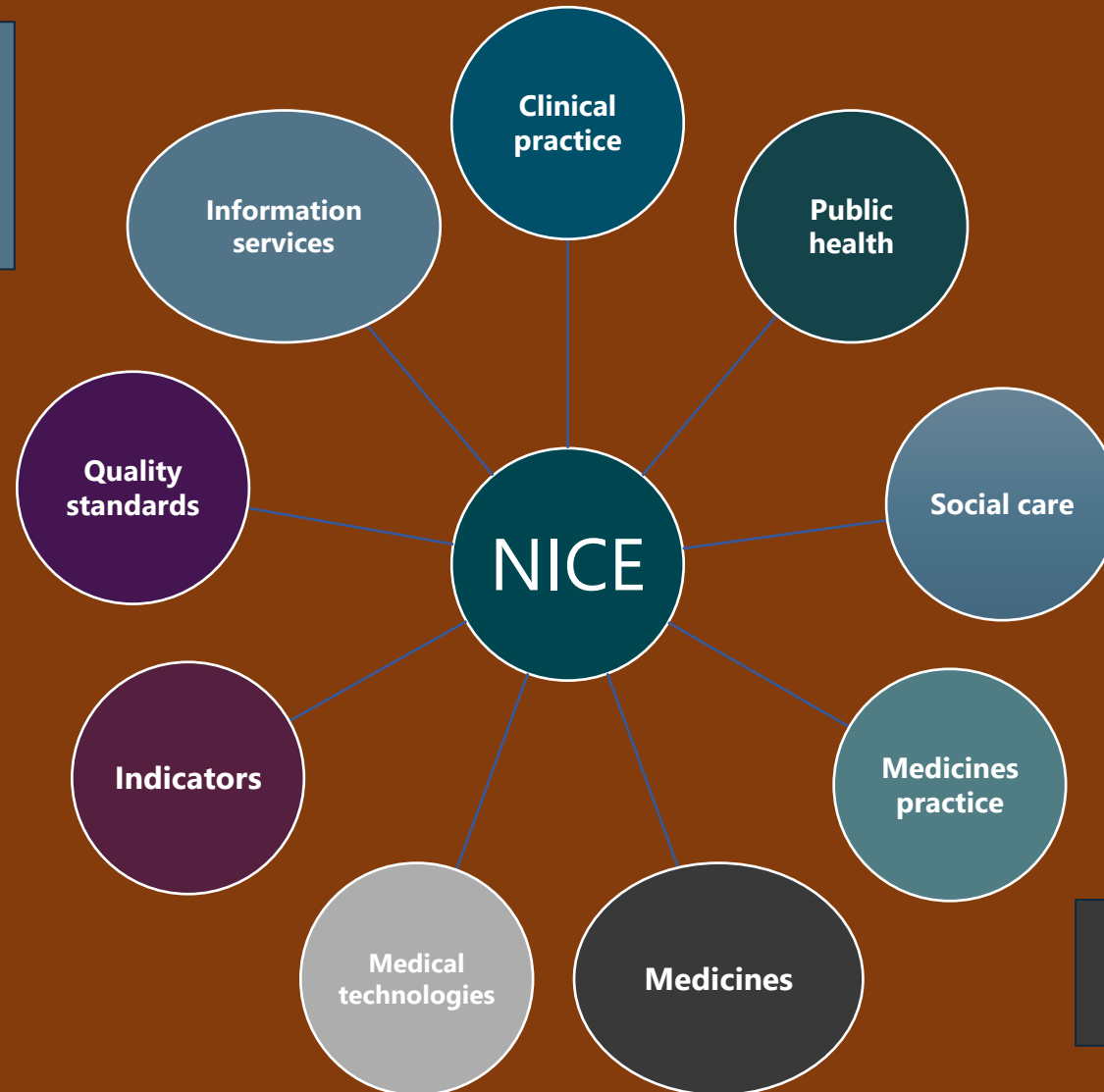
# Our portfolio in 2020

**Find trustworthy, high quality evidence and best practice information**

**Based on the best available evidence of what works and is value for money**

**Improve quality and safety**

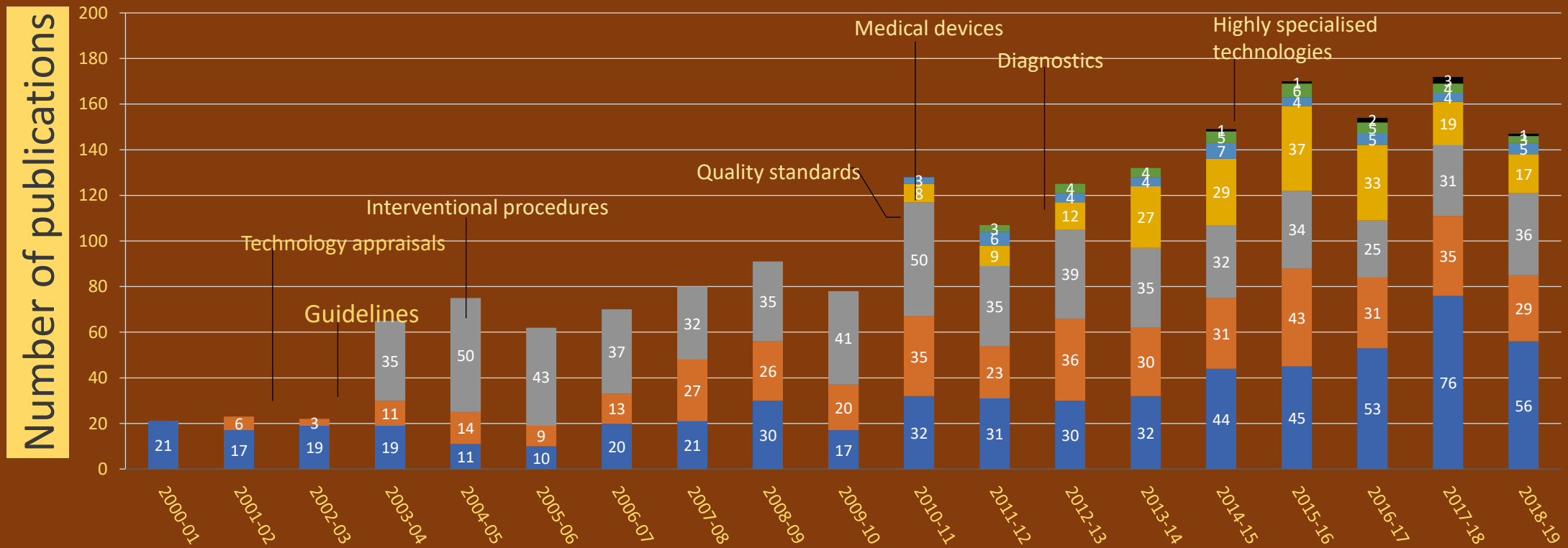
**Standardise practice, reduce unwarranted variation, drive quality improvement**

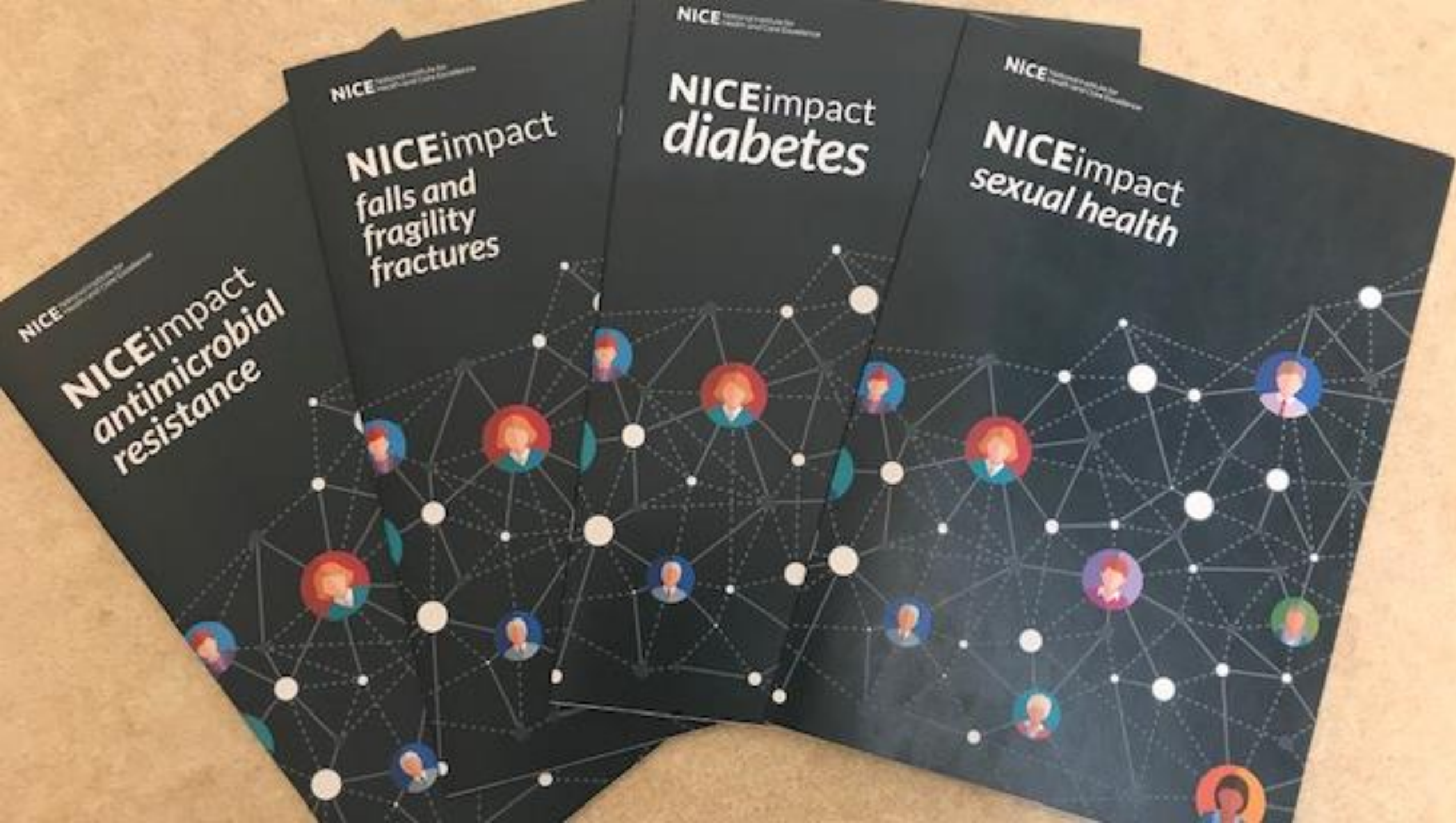
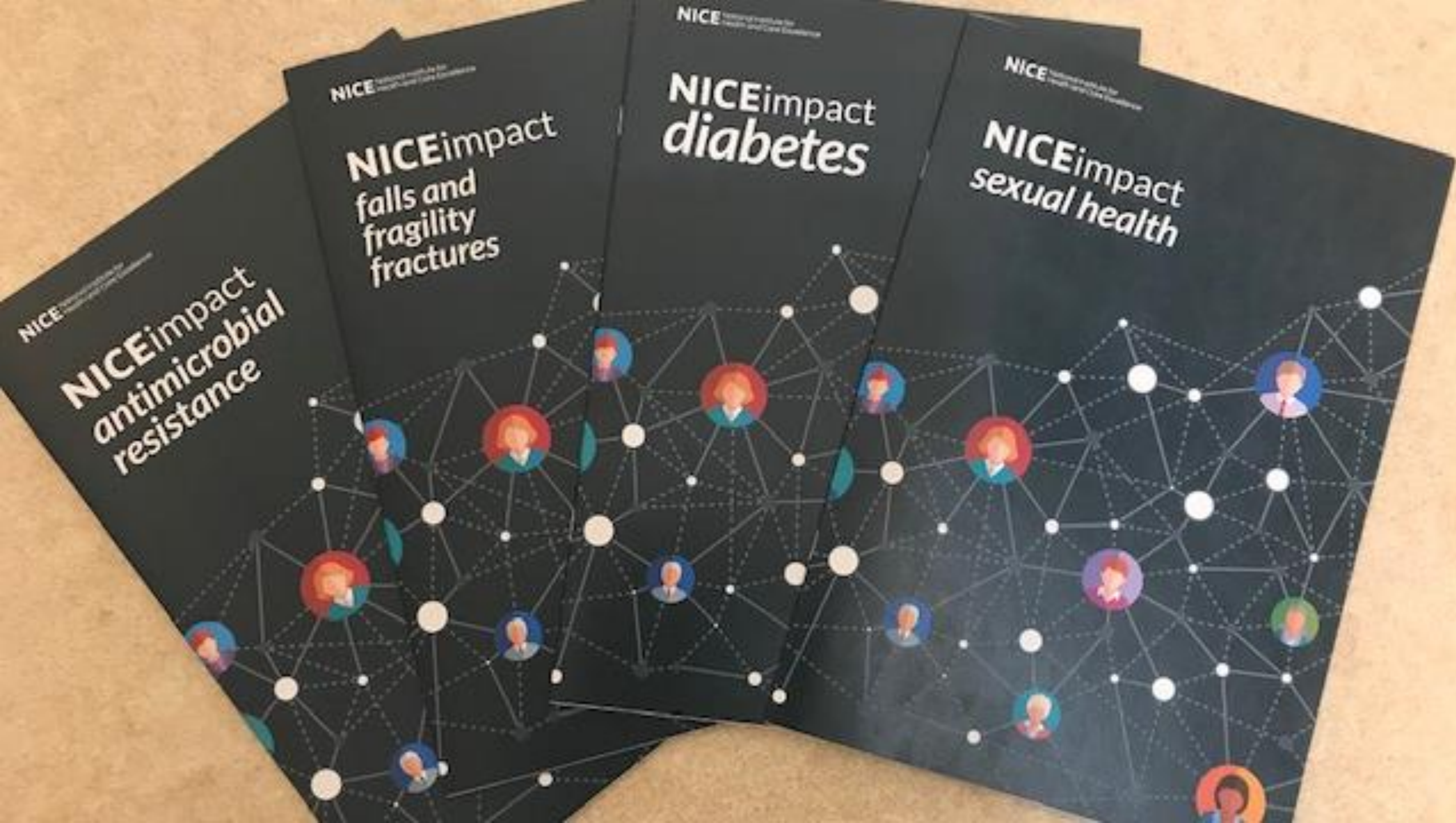


**Using your resources wisely**

# NICE products by year

- Highly specialised technologies
- Diagnostics
- Medical devices
- Quality standards
- Interventional procedures
- Guidelines: clinical, public health and social care
- Technology appraisals





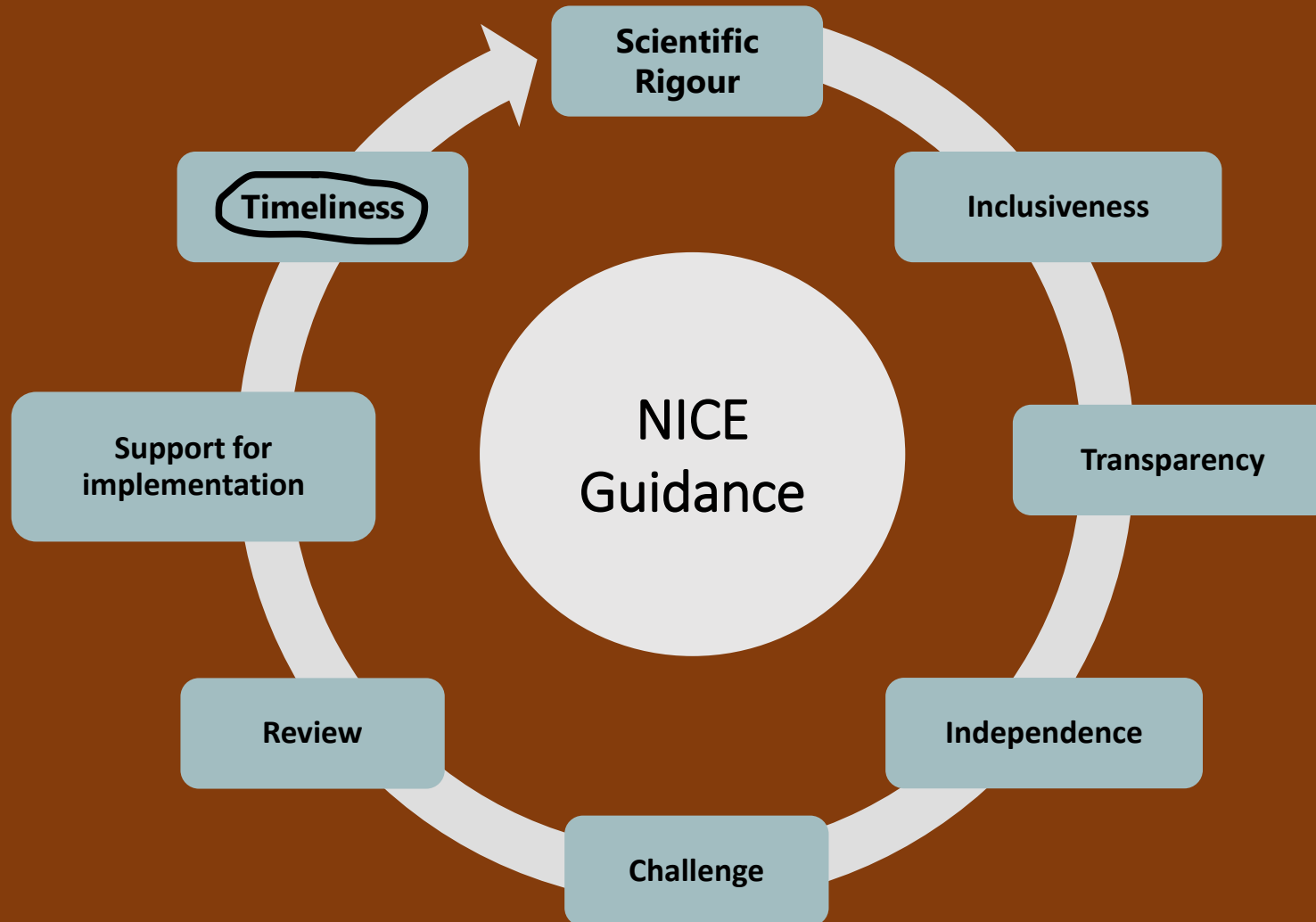


# The NHS Constitution

*“You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.”*



# Procedural principles for guidance development



# About the NGA

The National Guideline Alliance (NGA) launched successfully on 1 April 2016, following a tender award by the National Institute for Health and Care Excellence (NICE) to the RCOG.



The NGA delivers the NICE contract as a multi-specialty guideline development centre, with a diverse topic portfolio across women and children's health, mental health, cancer and social care.

The NGA represents significant growth in the RCOG as a knowledge organisation, working on behalf of other professions to develop robust, evidence based guidelines aimed at the continual improvement of patient care and services.

Since its inception, the NGA has expanded its portfolio through work with other organisations, providing training in aspects of guideline development, systematic reviewing and health economic analysis.

The NGA works with a number of partners, internally in the RCOG and externally with other organisations:

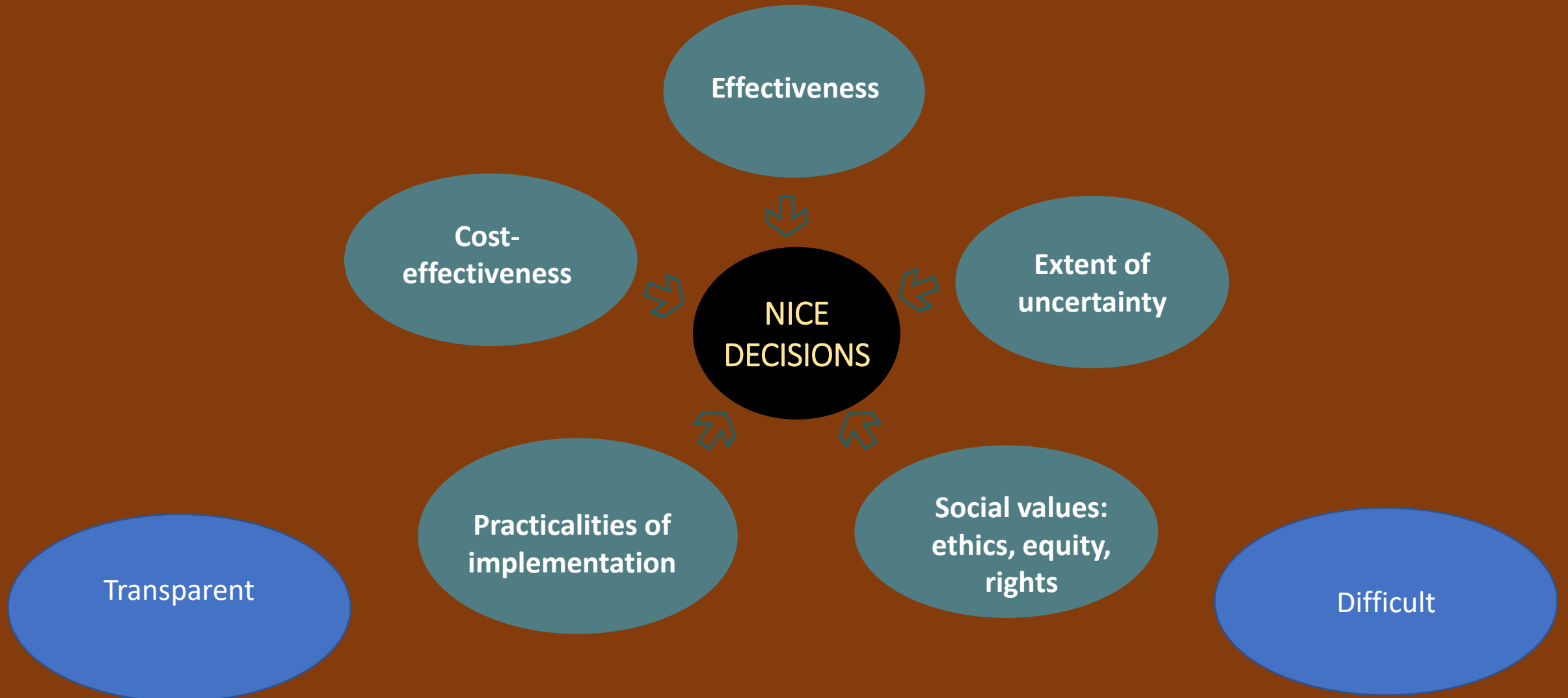
- > Lindsay Stewart Centre for Audit and Clinical Informatics
- > National Institute for Health and Care Excellence
- > University College London
- > British Psychological Society

## More information

- > About the NGA
- > Our mission
- > Latest NGA news
- > Governance
- > Guidelines
- > Our services
- > Policies and forms
- > Contact us

## National Collaboration Centres

# Guidance development?



**Cost  
effectiveness**

**Clinical  
effectiveness**





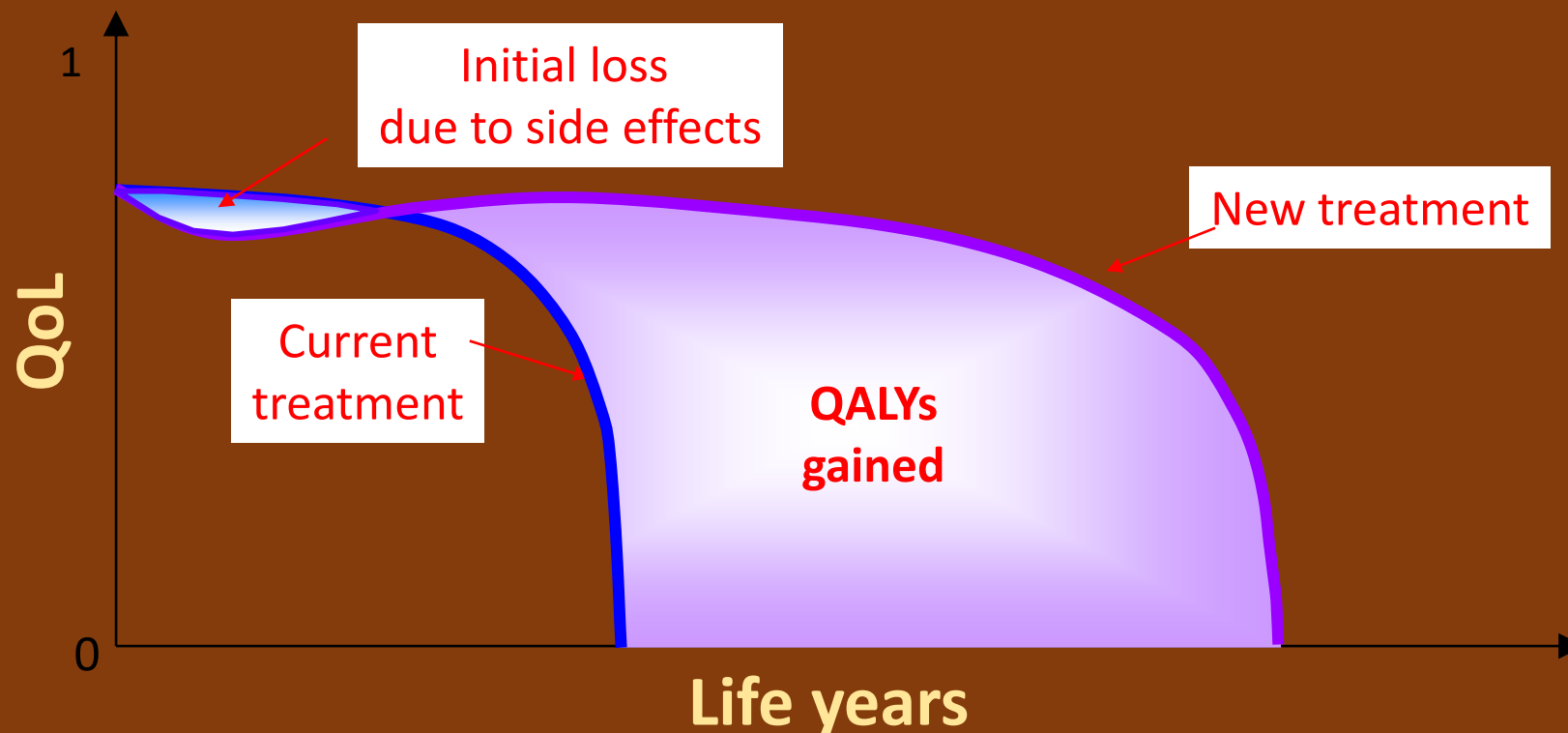
# Why consider health economics?

- Fixed NHS resources
- Economic analysis estimates whether the **gains** from the new spending outweighs the **losses** from what has been displaced (i.e. the 'opportunity cost')



## QALY profile example

QALYs combines *quantity* and *quality* of life (QoL) into a single measure of health gain



# Patients' and service users' views matter



# How the public makes our work better

**Social values**

**Personal experience of living with a condition**

**Experience and impact of treatment and care**

**Personal preferences and values**

**Risks, benefits and accountability**

**Outcomes that people want from care**

**Information, communication and support needs**

**Equality issues and needs of specific groups**

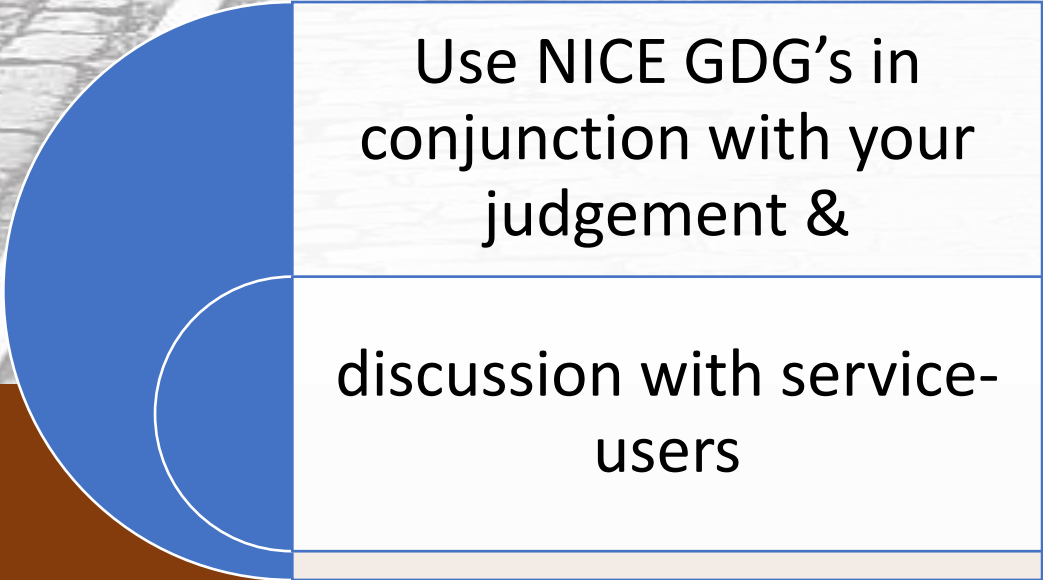
**Recommendations for further research**



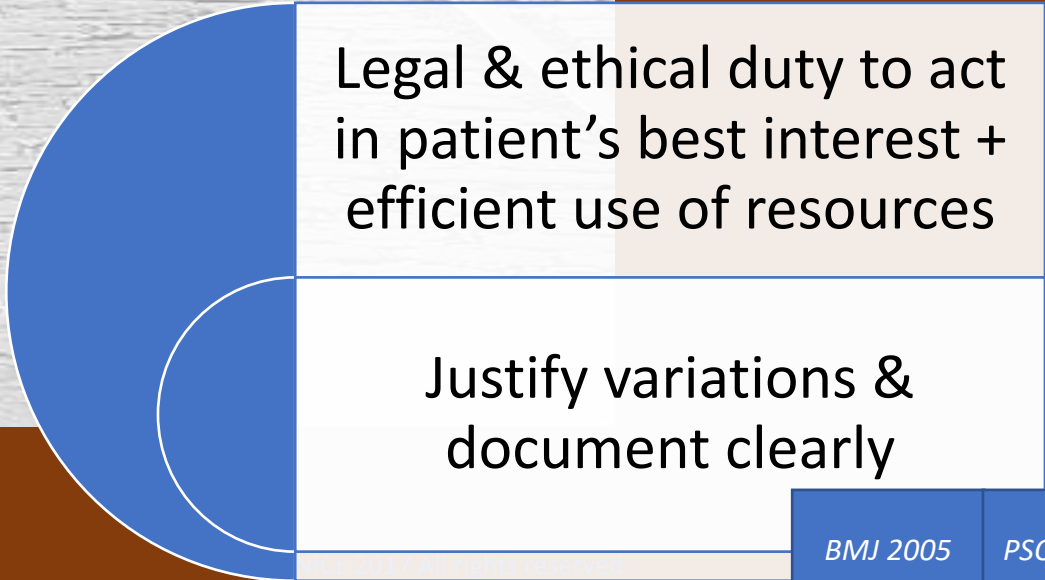
# The impact of NICE guidance on health professionals

Health professionals must take NICE guidance into account when deciding what treatments to give people

## Guidelines not tramlines



Use NICE GDG's in  
conjunction with your  
judgement &  
discussion with service-  
users



Legal & ethical duty to act  
in patient's best interest +  
efficient use of resources

Justify variations &  
document clearly



# Support for implementation

Implementers: Let it happen vs Make it happen



Prudent health care Choosing wisely Realistic medicine:

Does it need doing? Is the patient well informed of benefits vs risks of treatment?  
Individualise the care based on guidance

**Work with  
national, regional and local  
organisations**

**Offer advice and support locally  
to facilitate  
problem solving**

**Provide practical tools  
and advice**

## **Delivering the NICE implementation strategy**

**Fellows & Scholars  
ambassadors for NICE**

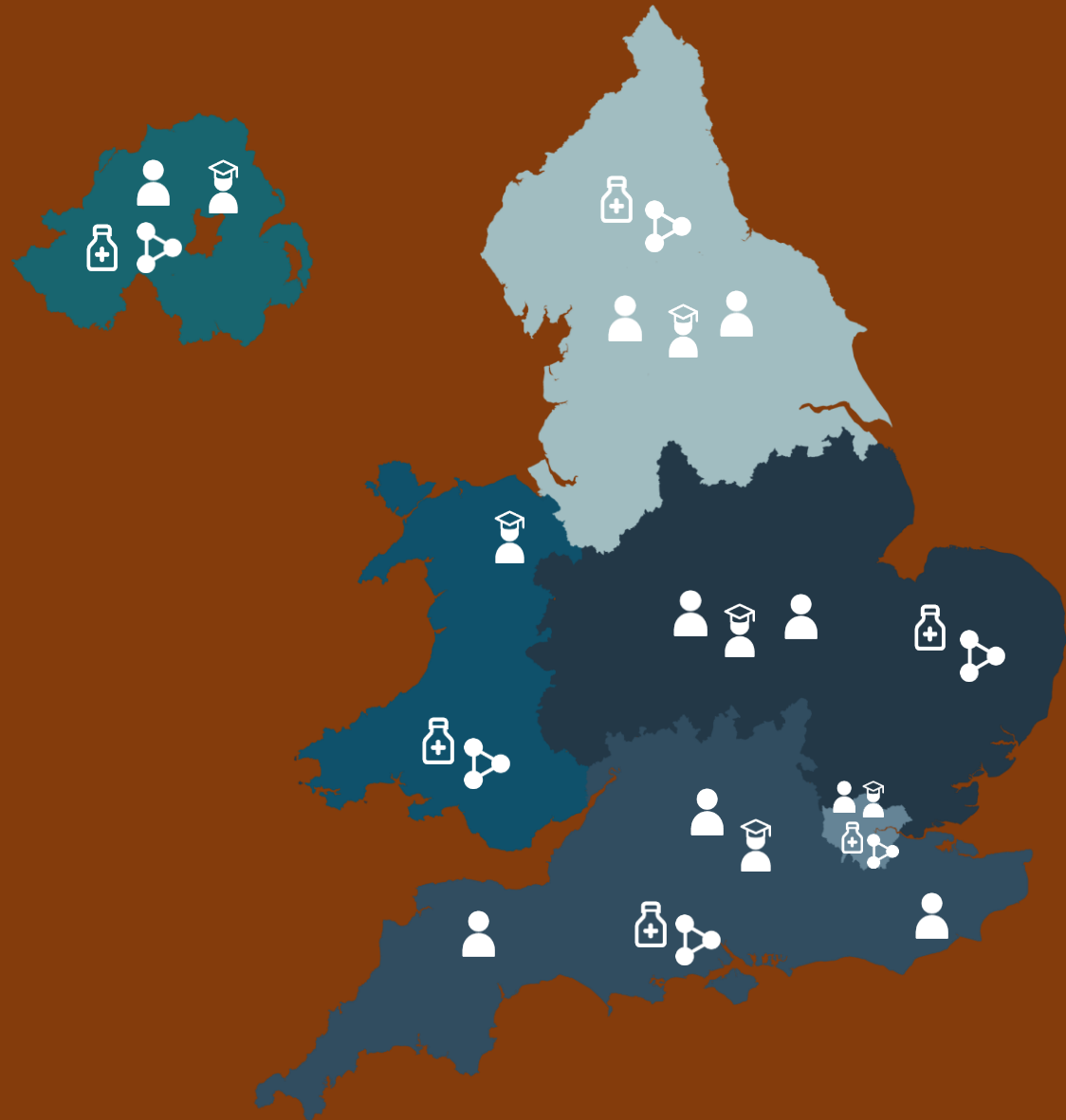
**Provide Shared  
Learning examples**

**Endorse external  
support tools**

**Collect and share  
impact data**

# NICE Field Team and Medicines Implementation Consultants

- Field Team 
- NICE Fellows and Scholars 
- Medicines Implementation Consultants (Medicines and Technologies) 
- Associate/affiliate networks (Medicines and Technologies) 

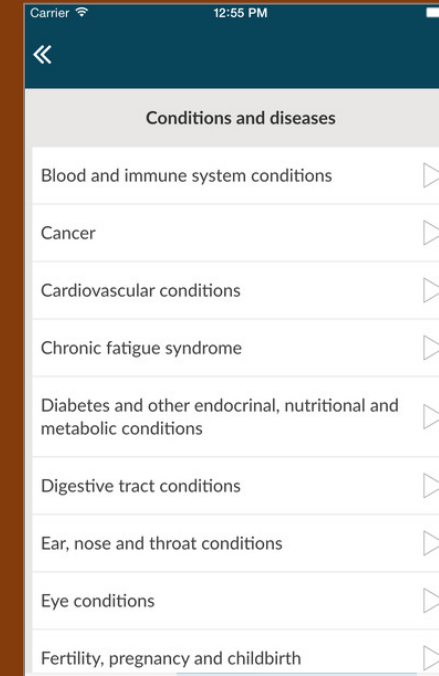
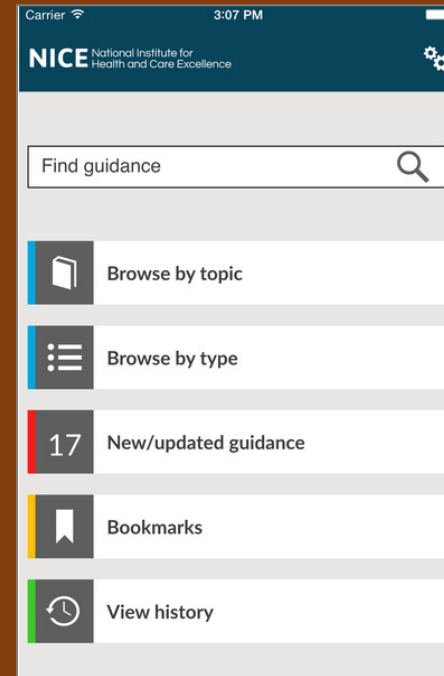


# NICE Guidance and BNF Apps for Smartphone

Search over 1,200 pieces of guidance

Download today for free from the App Store and the Android Market

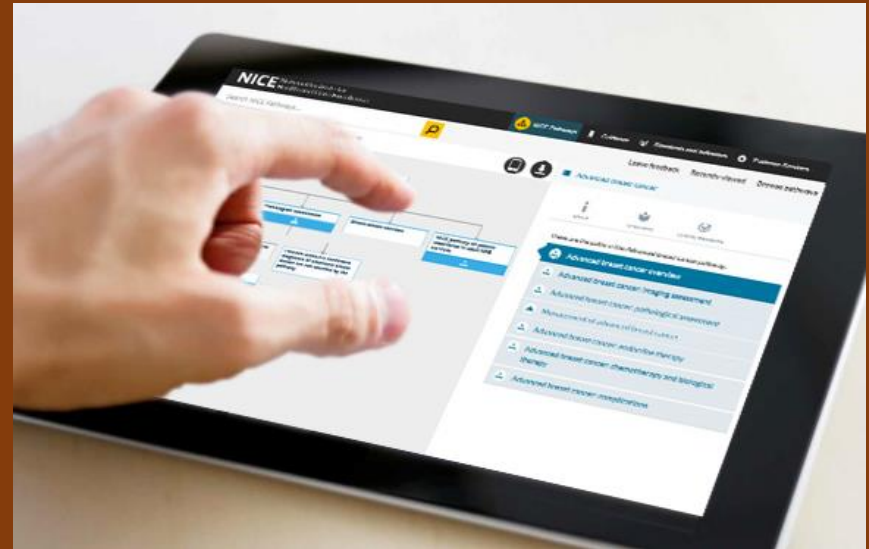
PLUS BNF apps now available free with Athens password



# NICE Pathways – guidance at your fingertips

Easy-to-navigate  
flowcharts

[pathways.nice.org.uk](https://pathways.nice.org.uk)





# Find out what's new from NICE

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Click here to view our full list of guidance, quality standards and support products published in May 2018

This month's podcast


**NICE talks**

Be the first to hear [NICE talks ep. 5](#)

[Managing multimorbidity: putting patients at the heart of their care](#)

People are living longer, taking multiple medicines for long-term conditions. Professor David Haslam, chair of NICE introduces multimorbidity. Emily Lam tells us how she manages her illnesses and Dr James Larcombe explains how GPs can help patients cope with multiple conditions. [Listen to podcast...](#)

Join the conversation on Facebook and Twitter



Join us and HEART UK for our next Facebook Live and Twitter chat.

[Statins: are they for me?](#)

Quiz our Facebook Live panel on Wednesday 30 May at 12:30pm. A recording will be available afterwards.

# Get involved

*[nice.org.uk/getinvolved](https://nice.org.uk/getinvolved)*

- **Join a committee:** clinical guidance or quality standards
- **Join Fellows and Scholars Programmes**
- **Develop SDM-resources and tools**
- **Shared Learning Awards:** showcasing exemplars
- **Comment on a Consultation:** feedback on scope and drafts

## Shared Decision Making Aid for Heavy Menstrual Bleeding

### Heavy Periods: What are my options?

This decision aid is designed for you to discuss with your health care professional and help reach a shared decision that works for you. It aims to help you answer three key questions about your healthcare:

- What are my options?
- What are the benefits and risks of each option for me?
- How can I get support from my healthcare professional to make a decision that is right for me?

Heavy menstrual bleeding (HMB) is excessive menstrual blood loss that affects your quality of life. It remains one of the most common reasons for seeing a gynaecologist, with 1 in 20 women aged between 30 and 49 years consulting their GP every year due to heavy periods or menstrual problems. If heavy periods are affecting your quality of life, you can be offered various treatment options. This document lists the possible benefits and risks of the options available to you for heavy periods. Some of the treatments listed here may not be suitable for you depending upon your individual circumstances. The aim of treatment is to improve your quality of life.

Your health care professional will ask you about your periods and any concerns you have. You may be offered an internal examination and further tests like hysteroscopy (where a small telescope is used to get a view inside your womb) and/or ultrasound scan to find the cause of heavy periods. Your health care professional will then

### SURGICAL TREATMENT

Options	Benefits	Possible side-effects/risks
<b>Endometrial ablation</b>  Involves surgery to destroy the lining of the womb by a variety of methods: <ul style="list-style-type: none"><li>• Radiofrequency ablation (NovaSure)</li><li>• Thermal balloon endometrial ablation (TBEA)</li></ul> Technique involves inserting a device into the womb through the vagina and cervix to destroy the lining with radiofrequency energy (NovaSure) or heated fluid (Thermal balloon).  Can be done under local or general anaesthesia.	<ul style="list-style-type: none"><li>Minimally invasive surgery</li><li>Can be done in out-patient clinical settings if you prefer</li><li>Considered to be the best surgical treatment for reducing blood loss in women with no fibroids</li><li>Saves/preserves the womb</li><li>NovaSure ablation seems to be more effective in reducing the blood loss compared to other ablation techniques with 9 out of 10 women experiencing significant reduction in blood loss &amp; about 5 in 10 women experiencing no bleeding at 12-month follow-up.</li></ul>	<ul style="list-style-type: none"><li>Common: vaginal discharge; irregular bleeding; increased period pain or cramping (even if no further bleeding or additional surgery)</li><li>Less common: infection</li><li>Rare: damage to womb (very rare with newer available techniques)</li><li>If performed under general anaesthetic, there is a small added risk from the anaesthetic.</li><li>Is not a contraceptive, so you will be advised to use contraception as pregnancy after the procedure carries increased risks.</li><li>This is a permanent solution and cannot be reversed. It is not suitable if you want to consider pregnancy in future.</li></ul>
<b>Uterine artery embolization (UAE)</b>  This involves blocking the blood supply to the fibroids causing them to shrink.  Treatment option to be considered depending upon the size (3ms or more), location and number of fibroids, and the severity of the symptoms.	<ul style="list-style-type: none"><li>Helps shrink the fibroids and reduce the bleeding</li><li>May be suitable for you if you wish to consider pregnancy in future</li></ul>	<ul style="list-style-type: none"><li>Common: persistent vaginal discharge; post-embolization syndrome – pain, nausea, vomiting, abdominal pain and fever</li><li>Less common: need for additional surgery; premature ovarian failure (1 to 2 in 100 women, particularly in women over 45 years old); haematoma</li></ul>

# Tools & Resources

[www.nice.org.uk/guidance/ng88/resources/endorsed...](http://www.nice.org.uk/guidance/ng88/resources/endorsed...)

### For you to write:

What is important for me?

My preferred treatment option/s:

**HORMONAL TREATMENT WITH LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM (LNG-IUS):** First treatment option to consider if there is no known cause for your symptoms or you have small fibroids (less than 3cm) or you are suspected or known adenomyosis. May be a suitable option for fibroids more than 3cm in size and location.

	Benefits	Possible side-effects/risks (see footnote)
Levonorgestrel-releasing intrauterine system (LNG-IUS)  A small plastic device that slowly releases the hormone progesterone is placed into your womb through your vagina.  Helps to thin the lining of the womb	<ul style="list-style-type: none"><li>Considered to be the most effective treatment option</li><li>Up to 95% reduction in total menstrual blood loss</li><li>May take up to 6 cycles for it take effect so you are advised to wait for 6 months to see the full benefit</li><li>1 in 4 women will have no periods at all after 6 to 12 months of insertion</li><li>Can help to reduce period pain</li><li>It lasts five years but can be removed at any stage</li><li>It is a very effective long-acting contraceptive as well, so it is not suitable for those trying to conceive.</li><li>It does not affect your fertility after removal.</li></ul>	<ul style="list-style-type: none"><li>Common: unpredictable bleeding that may last for 6 months or sometimes longer; usually, but not always, light and settles down; hormone related problems such as breast tenderness, acne or headaches, which if present are generally minor and short-lived</li><li>Less common: no periods at all</li><li>Rare: damage to the wall of the womb at the time of IUS insertion (1.4 in 1000)</li></ul>
Involves a minor procedure (approximately 10-15 minutes in total) usually in the clinic setting. Majority of women experience moderate period type discomfort during fitting which can be helped by simple painkillers like paracetamol.		Needs replacing every 5 years

Side-effects/risks are classed as:

Common = 1 in 100 chance, Less Common = 1 in 1000 chance, Rare = 1 in 10 000 chance, Very rare = 1 in 100 000 chance



# NICE in Wales

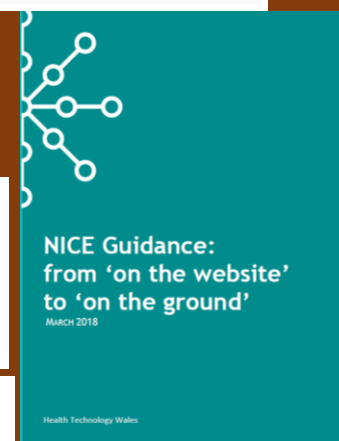
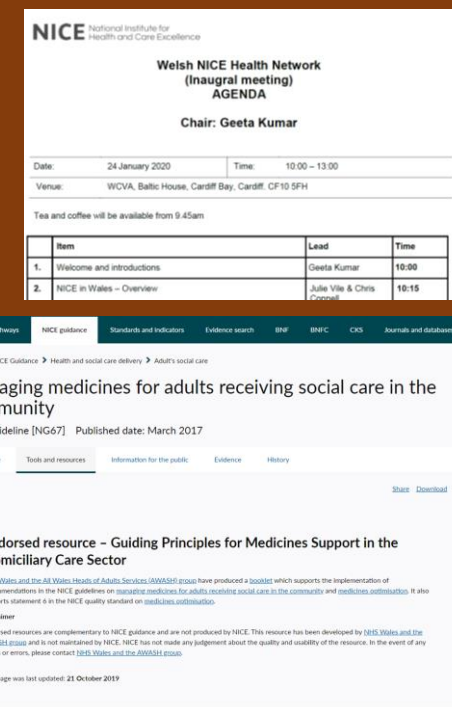
**Service level agreement** between NICE  
and WAG





# Examples of impact

- Welsh NICE Health Network (WNHN): Jan 2020
- Managing medicines in the community – endorsed resource
- Health Technology Wales - Adoption Audit
- Health Inspectorate Wales - draft MOU
- Expansion of the medicines & prescribing associates' network
- Betsi Cadwaladr UHB - training with the NICE resource impact team
- Working with Social Care Wales to translate a NICE social care quick guide



**Memorandum of Understanding (MoU)  
between Healthcare Inspectorate Wales  
(HIW) and National Institute for Care  
Excellence (NICE) (Draft)**



# WNHN

- To help organisations to:
  - Share learning and ideas to encourage a systematic approach to the implementation of NICE guidance
  - identify priority areas for quality improvement encouraging a “once for Wales” approach where this is appropriate
  - work more closely with NICE
- Supported by Welsh Government



*“Probably not, but it’s  
worth a bloody good try.”*

Frank Dobson, Health Secretary, 1999



# Acknowledgements

- Staff at NICE (support & NICE's slides)
- NICE Implementation Facilitator in Wales (Julie Vile)
- WISDOM (Sharon Rogers)
- BMJ
- Google search engine

**Thank you**

