Case study 1: The success of the National Institute for Health and Care Excellence (NICE)

Lift Islington, London

4 February 2020

Introduction

We look forward to you joining us on 4 February at Lift Islington for a day reflecting on the factors that have made NICE a success, and what those working in large scale change today can learn from their story.

Please read this short case study before the event. The day will be packed full of interesting discussions, and this background reading will enable you to participate fully in those.

NICE: The facts

- The National Institute for Health and Care Excellence (NICE) was established in April 1999 to reduce variation in the availability and quality of NHS treatments and care across the country.
- It was set up as a Special Health Authority, with day to day independence in the way it works but accountable to the Department of Health for overall strategy and funding.
- The two main activities for NICE were developing national clinical guidelines, and technology appraisals – the `fourth hurdle' of assessing cost-effectiveness for drugs and other therapies when they had been proven to be safe and effective.
- NICE produced its first technology appraisal in 2000, combining clinical and health economic assessment of new treatments - pioneering a standard means to assess cost effectiveness of new therapies.
- In 2001 NICE created 'National Collaborating Centres' - specifically designed to help develop clinical guidelines by using the expertise of the royal medical colleges, professional bodies and patient/carer organisations.
- In 2002, NICE produced its first clinical guideline on schizophrenia. This programme of national guidelines gradually replaced the use of multiple different sets of guidelines in different local areas and by different professionals.
- NICE now produces around 30 sets of guidelines a year. There are well-established approaches, including clear process and methods to assess evidence and engage stakeholders.
- Over its 20 year lifespan, NICE has revolutionised the way in which the NHS approaches treatment – bridging gaps in evidence, seeking and achieving consensus and changing clinical practice at a national level.

NICE: The impact

The impact of NICE is well documented. There is now a more consistent application of care processes based on the best evidence, across multiple clinical conditions, with impact reports produced which are based on data showing the uptake of guidance and quality standards from national audits, reports, surveys and indicator frameworks. NICE has had a positive impact on the quality of care for patients, whilst simultaneously bringing cohesion to a system and tackling the thorny discussion of rationing

The work of NICE in both drug/technology appraisal and clinical guidelines has inspired similar models and approaches in other countries, from France and Sweden to Thailand.

How did it do it?

In its 20 year lifespan NICE has faced many successes as well as trials and tribulations. Its approach (and related success) as an organisation is complex, but reviewing the literature on the success of NICE, we have drawn out some key themes we think are relevant to wider system change.

Breadth of involvement

In its second year of existence NICE created National Collaborating Centres with the aim of developing clinical guidelines by using the expertise of the royal medical colleges, professional bodies and patient/carer organisations. All NICE committees are independent and develop and update NICE guidance. They are made up of a diverse range of members including people who use health and social care services, carers and experts in health and social care. NICE has a citizens council (a panel of 30 members of the public that largely reflect the demographic characteristics of the UK) which provides a public perspective on overarching moral and ethical issues that NICE must take account of when producing guidance. From the outset, NICE has been committed to involving a diverse selection of people, including strong lay representation.

Use of evidence

Against a context of a new government and growing public concern around “postcode lottery” treatment decisions, the growth of evidence-based medicine or healthcare was gaining traction as a social movement, with the discernible trend being driven by influential opinion leaders, such as David Sackett in Canada and Ian Chalmers in the UK. The approach of combining mechanisms and research infrastructure with bottom-up clinical enthusiasm for practice, informed by best evidence, had its origins some time before NICE, but with its creation and approach, NICE was able to use evidence to inform practice in a way which had not been done before. This included, critically, achieving a consensus view when a robust evidence base was not readily available to inform decision making.

Stability

NICE has remained constant in a system that is characterised by change. This is perhaps, in part, because of the function it provides, enabling politicians to distance themselves from difficult and, at times, unpopular decision making about provision of services. But its stability comes from more than this. Commentators on the celebration of NICE’s 20th anniversary have noted the extraordinary stability of the leadership. Consistency of `two at the top’ – the chair and chief executive – provided robustness when there were challenges to the arms-length decision-making from industry, media, pressure groups and the public (eg with decisions on Relenza and Herceptin). And beyond the stability of leadership, it could be argued that NICE’s wider approach – its inclusivity and transparency – have worked in its favour. Finally, there must be recognition within the system that the function that NICE provides, however unpopular at points in its history, is both necessary and valued.

Further reading

- Gough D, Maidment C, Sharples J (2018). **UK What Works Centres: Aims, methods and contexts.** London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London. ISBN: 978-1-911605-03-4. Available from https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3731

- Pollitt, C. and Bouckaert, G. (2011) (3rd ed.) **Public management reform: a comparative analysis: NPM, governance and the Neo-Weberian State**, Oxford, Oxford University Press.

- Sackett David L, Rosenberg William M C, Gray J A Muir, Haynes R Brian, Richardson W Scott. **Evidence based medicine: what it is and what it isn't** BMJ 1996; 312 :71

- Timmins N, Rawlins M, Appleby J et al. **A Terrible Beauty: A short history of NICE the National Institute for Health and Care Excellence** [version 1; not peer reviewed]. F1000 Research 2017, **6**:915 (document) (https://doi.org/10.7490/f1000research.1114157.1)