Establishment of clinical criteria: Best practice, clinical guidelines and patient pathways

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Overview

• The role of NICE
• Clinical guidelines
• Involving the public
• Guidance into practice
• Do clinical guidelines make a difference?
• The future – some challenges
The National Institute for Health and Care Excellence (NICE) is the independent organisation in the UK responsible for providing national guidance and advice on promoting high quality health, public health and social care.
NICE was launched in 1999 as the National Institute for Clinical Excellence to drive the uptake of new technologies across the NHS and standardise care.

Initial work programme was the development of recommendations on new technologies, based on an assessment of clinical and cost effectiveness.
Followed by…. significant growth

More guidance for the NHS: clinical guidelines, interventional procedures, medical technologies

Public health guidance
Implementation programme

NHS Evidence and the National Electronic Library for Medicines – and accreditation

The British National Formulary transfer
National Prescribing Centre
Quality standards
Core principles of all NICE guidance

- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process
- Social values and equity considerations
 Victims of the IVF postcode lottery

NEW DRUG THAT CAN PREVENT BLINDNESS IS BEING DENIED TO VICTIMS

GIVE US THE SIGHT-SAVER

Fears that offering jab instead of pill will fuel sexual infections

CHARTER FOR PROMISCUITY

DYING FOR THE SAKE OF £70 PER DAY

RATINGS

National Institute of Careless Evaluation
NICE guidance: clinical guidelines

NICE clinical guidelines recommend the best ways to diagnose, treat and care for people with particular diseases and conditions, in the NHS.
Why develop guidelines?

• Inappropriate variations in clinical practice
• Persisting use of ineffective treatments
• Need to apply established treatments of proven clinical and cost effectiveness
• Failure to adopt clinically and cost effective new treatments
• “Post-code” prescribing (particularly in the UK)
• Impossible for clinicians to read and appraise all relevant evidence themselves.
Developing a NICE guideline - key principles

• The guideline needs to be useful to the NHS
  – should improve decisions and hence patients’ outcomes
  – should promote the cost-effective use of NHS resources
  but...

• It is not a textbook
  – needs to cover the remit but
  – needs to focus on key areas of known variation or uncertainty
  – have in the past avoided issues of service delivery

• Based on best available evidence & GDG consensus
  – the process needs to be systematic & transparent
Components of the guideline - recommendations

- Based on balance of evidence on benefits, harms & costs
- Where evidence is missing, poor or conflicting consider recommendations based on GDG consensus
- Also consider research recommendations
- Consider ‘not to do’ as well as ‘to do’ recommendations
How do NICE committees produce guidance?

1. Evidence reviewed
2. Draft recommendations
3. Consultation
4. Guidance published
5. Update decision
Guideline development

- **Draft scope**
- **Final scope**
- Stakeholder comments

### Scoping
- 4 months
- GDG develops guideline
- Consultation on draft guideline
- Consultation on draft guideline
- Stakeholder comments

### Development
- 13-16 months
- GDG develops guideline
- Consultation on draft guideline
- Consultation on draft guideline
- Stakeholder comments

### Validation
- 9 months
- Revise guideline after comments
- Pre-publication check
- Prepare and publish guideline
- Final guideline published

### Publication and dissemination
- Final guideline published
## Costs - Producing Guidance

### How much does it cost?

<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Affected population</th>
<th>Burden of disease (NHS costs only)</th>
<th>Number of NICE publications</th>
<th>Cost of NICE guidance per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>317,000</td>
<td>€600 million</td>
<td>7</td>
<td>€7.50</td>
</tr>
<tr>
<td>Dementia</td>
<td>665,000</td>
<td>€3.5 billion</td>
<td>3</td>
<td>€2.30</td>
</tr>
</tbody>
</table>
Involving the public

- People with personal experience of the condition, illness or health problem
- Relatives and carers
- Members of organisations representing patient and public interests
- Advocates and other relevant staff from organisations representing patient and public interests
- Members of the general public
What do patients and the public provide to NICE?

- The personal impact of an illness, disease or condition
- Experiences of care
- Preferences and values
- Outcomes people want from treatment and care
- Impact of treatment or care on outcome, symptoms, physical & social functioning, quality of life
- Impact on family, friends and employers
- Ease of use of a treatment or service; side effects
- The needs of specific groups
- Challenges to professional or researcher views
- Areas needing further research
Patient preferences

Example - kidney dialysis
Committee assumed patients would prefer dialysis at home

Some patients told us they disliked home machines as it meant their illness dominated their lives
Patients’ experience of care

Example – people who self-harm

• People in mental distress who self-harm told us that they were not routinely offered anaesthesia or pain relief for sewing up wounds in the hospital emergency department

• Nothing in the published research to indicate this was an issue

• NICE made recommendations to address this
NICE quality standards

A set of statements that outline what high quality care for a specific disease or condition should look like.
Quality standards - policy background

New focus on quality - the birth of NICE quality standards

Focus on quality retained - strengthened role for NICE quality standards

NICE quality standards - underpin the new commissioning system

Health and Social Care Act 2012

High Quality Care for All

Health & Social Care Act 2012

Developing the NHS Commissioning Board
Quality Standards

Evidence

Guidance

Quality Standards

A comprehensive set of recommendations for a particular disease or condition

‘Sentinel markers’
A prioritised set of concise, measureable statements designed to drive quality improvements across a pathway of care
180 healthcare topics

- Other
- Respiratory
- Musculoskeletal
- Trauma
- Metabolic
- Genitourinary
- Service delivery
- Neurological
- Gastrointestinal
- Cancers
- Maternity
- Mental health
- Cardiovascular
- Cross-cutting
- Children
Uptake of recommendations
Has NICE guidance had any impact?

• NICE has an ongoing programme of monitoring data on uptake – from external sources

• Examples of data on uptake for:
  – Workplace and public health
  – Bariatric surgery
  – Antibiotic prophylaxis
Uptake of guidance on antibiotic prophylaxis

Advice not to give for routine dental procedures

Total number of prescriptions for antibiotic prophylaxis (amoxicillin 3 g or clindamycin 600 mg) dispensed each month by type of prescriber.

Thornhill M H et al. BMJ 2011;342:bmj.d2392
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...and no change in rates of endocarditis

Proportion of infective endocarditis cases recorded each month with a code for streptococci or staphylococci as cause.
Red lines represent moving average figure for cases every three months

Thornhill M H et al. BMJ 2011;342:bmj.d2392
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CG92 1.1.1: Assess all patients on admission to identify those who are at increased risk of VTE.
Key access routes to date

Webviewer

Integration of NICE Evidence Services

Mobile access
- Apps
- Responsive design

Pathways

Syndication
Venous thromboembolism overview

Reducing the risk of VTE in hospital patients

Diagnosing VTE in primary, secondary and tertiary care

Treating VTE

Investigations and tests for patients diagnosed with VTE

Investigations for cancer

Thrombophilia testing

These are the paths in the Venous thromboembolism pathway:

- Reducing the risk of venous thromboembolism in hospital patients
- Venous thromboembolism: medical patients
- Venous thromboembolism: general medical patients
- Venous thromboembolism: patients admitted for stroke
- Venous thromboembolism: patients with cancer
- Venous thromboembolism: patients with central venous catheters
- Venous thromboembolism: non-orthopaedic surgery
- Venous thromboembolism: gastrointestinal including bariatric surgery
- Venous thromboembolism: neurological (cranial or spinal) surgery
- Venous thromboembolism: orthopaedic surgery
- Venous thromboembolism: pregnancy and up to 6 weeks post partum
- Diagnosing venous thromboembolism in primary, secondary and tertiary care
- Deep vein thrombosis likely based on two-level Wells score
- Deep vein thrombosis unlikely based on two-level Wells score
- Pulmonary embolism likely based on two-level Wells score
Challenges

• Future challenges:
  – Integration agenda
  – Evidence base e.g. social care
  – Focus on standards and indicators
  – Multimorbidity
  – Keeping everything up-to-date
  – Reduced funding for healthcare