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Future directions for NICE

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We are all facing the same challenges. Whatever our specialty, whether we work in primary or secondary care, and irrespective of our place of work, the world of medicine is becoming ever more challenging and ever more complex. The Future Hospital Commission has brought a real focus on issues such as comorbidity, the need for generalism, the impact of technology and the interrelationships of primary, secondary and social care.

And so it is with the National Institute for Health and Care Excellence (NICE). Although many doctors still inevitably think that NICE's prime role is 'telling us what drugs we can't use', NICE now has an impact right across the health and social care landscape. Even the organisation's name has evolved from the National Institute for Health and Clinical Excellence into the National Institute for Health and Care Excellence.

This name change reflects the remarkable spectrum of our work from improving treatment – through developing guidance, standards and information on high-quality health and social care to preventing ill health and promoting healthy living, as well as helping practitioners deliver the best possible care and giving people the most effective diagnostics and treatments. Our products and resources are for the NHS, local authorities, care providers, charities and anyone who has a responsibility for commissioning or providing healthcare, public health or social care services.

All this is based on the most up-to-date evidence and aimed at providing value for money, to reduce inequalities and variation.

This seems like a daunting workload. But the organisation has two simple concepts at its heart: equity and excellence. Our job is to make health and care provision as fair as possible, given the growing multitude of competing demands for NHS and public resources. This is difficult. But NICE is now respected across the world for the quality of its work, mainly because the organisation seeks to apply excellence (based on robust research and evidence) to its work and to the way in which it produces that work.

NICE has evolved, and will continue to evolve, as the demands of science, the care system and those who use it change.

Across the NHS, this year's buzzword has been 'integration'. No one designing a health system from scratch would separate health and social care – a separation that leaves patients in expensive hospital beds because of the lack of cheaper and more appropriate care elsewhere. Bringing together the worlds of health and social care inevitably presents real challenges. Our new role in setting quality standards in social care – in topics such as supporting people with dementia to live well and the health and wellbeing of children in care – brings real opportunities for much closer consideration of those with complex needs. Nevertheless, however logical such integration might be, there can be no underestimating the difficulties that can arise from bringing together two very different cultures, where even the use of a simple word like 'outcome' can have two very different meanings, depending on one's background and training.

As the population ages, the issue of multimorbidity becomes ever more important. Patients with a constellation of symptoms and conditions are increasingly and exceedingly common. In addition, as Stewart Mercer and colleagues have pointed out,[1] multimorbidity is increasingly common in younger people. Although this has challenges for medical education and the delivery of services, it has particular challenges for NICE in the development of guidance. When dealing with a patient with, for instance, osteoarthritis, diabetes, chronic kidney disease and (unsurprisingly) depression – a not uncommon combination – the question of what 'good' looks like becomes increasingly challenging. As in so many other aspects of medicine, the paradigm is shifting from the doctor doing medicine *to* the patient, to one where the doctor does medicine *with* the patient. A person's choice of what they want from care becomes much more central. Combining this entirely desirable focus on the individual with the world of evidence-based medicine and randomised, double-blind, controlled trials (which frequently exclude patients with multimorbidity) is essential if we are to offer the very best care. It won't be easy.

In 14 years, NICE has produced more than 900 pieces of guidance (Box 1). In addition, since 2010, they have produced 44 quality standards.

The remarkable range of NICE's work, including the development of guidelines and quality standards, brings its own challenges for clinicians. The volume of material that NICE has produced could be discouraging for people who need quickly to refer to our guidance. To help them, we provide new ways to meet their complex needs. One of them is NICE pathways – a simple online tool for quick and easy access, topic by topic, to the range of NICE guidance. The idea is to give the user the confidence that they are getting the most up-to-date recommendations and advice from NICE. A good example is our diabetes pathway, which covers the prevention, assessment and management of diabetes, and the best guidance ongoing (social) care for people with the condition.

As the way in which people access information changes, we are also changing, for example by providing access to resources such as the *British National Formulary* through a digital 'app' for smartphones and tablets. We are also working with developers of clinical decision support systems to build NICE guidance into their products.

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Box 1. NICE guidance takes several forms.

Technology appraisals assess the clinical and cost-effectiveness of health technologies (mainly new drugs, but also devices and diagnostics). NICE also has responsibility for advising the NHS and patients on the use of drugs for treating very rare conditions.

Cost-saving medical technology reviews look at ways to reduce costs by introducing different technologies and help roll out their use in the NHS.

Assessment of diagnostic agents reviews the clinical and cost-effectiveness of (mainly new) ways to diagnose problems including *in vitro* and imaging techniques.

Interventional procedures consider whether (mainly new) interventional procedures, such as laser treatments for eye problems or deep brain stimulation for chronic pain, are effective and safe enough for use in the NHS.

Clinical guidelines provide advice on the management of individual conditions. They are systematically developed statements to assist professional and patient decisions about appropriate care for specific clinical circumstances. These may be as diverse as antenatal care, breast cancer and schizophrenia.

Public health guidance covers disease prevention, health improvement and health protection, and has influenced policy and practice in the NHS and local government in important areas, such as smoking cessation, obesity, physical exercise, alcohol misuse and the prevention of accidents and injuries.

NHS = National Health Service; NICE = National Institute for Health and Care Excellence.

NICE now has to reach new audiences to ensure that it helps to integrate priorities in health. Local government briefings support councils that have taken responsibility for commissioning public health services. The briefings provide practical advice for local councillors, directors of public health and other local government staff, which they can adapt to local circumstances. In this way we can raise awareness and provide information about existing cost-effective, evidence-based recommendations and evidence reviews for use in commissioning local public health services.

NICE's impact is felt far beyond our local communities. NICE International shares best practice and advice with colleagues across the globe to make decisions that are evidence based and procedurally fair. NICE International learns from these relationships and we increasingly want to share that knowledge within NICE and the wider NHS, and we are exploring ways to do that.

So healthcare is changing. The population is changing. Expectations are changing. NICE will continue to change too. As it does, it becomes equally important to retain the things that really matter. NICE's reputation is built on evidence, transparency and involving patients and the public in all that we do. That won't change.

Reference

1 Barnett K, Mercer SW, Norbury M *et al.* Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012;380:37–43.

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