National Institute for Health and Care Excellence

Changes to guideline development arrangements

This report gives details of the changes to guideline development arrangements as a result of the unsuccessful tender to appoint or renew contractors in August 2021.

The Board is asked to review the report and note the course of action.

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November 2021

Background

NICE holds contracts with two external guideline development centres, the National Collaborating Centres, each of which is hosted by a Royal College. These contracts end on 31 March 2022. NICE also has internal teams that develop guidelines. Between them, the external centres work on approximately 40 guidelines at any one time, compared with approximately 20 in the internal teams.

The invitation to tender to procure two guideline development centres for health and care guidelines in England was issued on 16 June 2021 and closed on 27 July. The contracts were to be for an initial period of 2 years, with an option to be extended for further 12-month periods, terminating on 31 March 2028. The proposed budget was an increase of 5% over the current contract.

The Royal College of Physicians chose not to bid to renew the contract to host the National Guideline Centre (NGC). The bid from the Royal College of Obstetrics and Gynaecologists to renew the contract to host the National Guideline Alliance (NGA) exceeded the contract value. Despite constructive discussions we were unable to reach an agreed financial position with the College. No other new bids were received. The tender was therefore unsuccessful.

The guideline development work being carried out by the NGA and the NGC is core to NICE's delivery of work commissioned by NHS England. Under the current contract, the staff will transfer to NICE in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2016 (TUPE) on the 1 April 2022. The current contracts go beyond standard TUPE legislation, specifically with regard to redundancy liability. Under the current contracts any redundancy liability would be partially payable by NICE and partially by the employer. The amount is calculated on the proportion of the time worked in one of the National Collaborating Centres.

Opportunities and risks of the changes

The changes present an opportunity to revisit the operating model for guideline development to transition to living guidelines in prioritised topic suites. This will enable an orderly and planned transition of staff from the collaborating centres. Sessions are planned with the directorate leadership team to develop organisational design principles.

The changes also present an opportunity to reset NICE's strategic engagement with the Royal Colleges. Both NICE and the colleges value the close working relationship, which can be strengthened to build on the impact and influence of the colleges to facilitate implementation of guideline recommendations. We will take this further in the implementation strategy.

There are a number of risks associated with closing the contracts with the colleges, and transferring staff into NICE. These are listed in the table below.

|  |  |  |
| --- | --- | --- |
| Risk | Rating (H, M, L) | Mitigation |
| Loss of goodwill and support from the Royal Colleges, leading to reduced impact of NICE guidelines on clinical practice  | L | Maintain and build strategic relationships with colleges to better use their impact and influence to prioritise activity and support implementation of guidance  |
| Impact on delivery of guideline development planned or in progress, leading to delays in outputs and loss of reputation | M | Ensure commitment from collaborating centres to delivering the remainder of the current contractEnsure additional support for TUPE process  |
| Staff uncertainty and wellbeing, leading to under capacity and delays in outputs | M | Early and frequent engagement and communication with staff |
| Impact on strategic business plan objectives leading to a delay in delivering the vision of dynamic, living guidelines | L | Develop optimal operating model to support strategic objectives and directionEnsure additional support for TUPE process |
| Financial impact due to cost of the transition, loss of staff and delays to delivery | M | Project planning to identify cost pressures and take appropriate action |

TUPE arrangements

The TUPE arrangements affect approximately 100 staff from the collaborating centres. A project board has been established to manage the transition of staff and work programmes into NICE under TUPE. The project board will provide a governance structure and will be responsible for agreeing the scope of the project and overseeing the successful integration of the transferring staff and operations from the two collaborating centres.

The project board will ensure cross-organisational perspectives have been considered during delivery and manage interdependencies. The scope of the board includes governance, planning and risk management; staff due diligence, transfer and legal process; information technology hardware and systems; estate and assets register; communications; finance and budgets. Each of these areas is represented on the project board. The board will also take into account an operating model that delivers the strategic ambition of dynamic living guidelines. Paul Chrisp is the senior responsible officer.

Conclusion

The unsuccessful tender for external collaborating centres means that we must transfer the staff and work programmes to NICE under TUPE by 1 April 2022. We have established a project board to lead this and have identified the need for additional external capacity to mitigate risks around the impact on deliverables. We are also exploring the impact of new arrangements on organisational design and operating models to deliver the strategic ambition of dynamic living guidelines. Finally, we will maintain and build on our good relationships with the Royal Colleges to facilitate the implementation of guidelines in areas that have the greatest impact for the health and care system and bring greatest benefit to patients.

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November 2021