

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

BUSINESS PLAN 2006 – 2007

1 INTRODUCTION

1.1 NICE is a Special Health Authority in the National Health Service and is responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health, in three areas:

- Public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector.
- Clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
- Health technologies – guidance on the use of new and existing medicines, treatments and procedures, including interventional procedures used in the NHS.

The Institute also produces tools to help manage the process of delivering care, including advice on the implementation of its guidance.

1.2 NICE guidance provides clinicians, patients and their carers and health service managers with clear standards which they can use to ensure the best quality care is delivered by the NHS.

1.5 This business plan sets out our objectives, targets and performance measures for the financial year 2006 - 2007 and our arrangements for achieving them. These objectives and plans have been informed by the policy context in which we work, which is set out in Section 2.

1.6 Section 3 sets out the Institute's key business objectives for the year. Section 4 describes how the various components of our work programme will contribute to the delivery of our objectives. Section 5 sets out the resource framework for the year ahead and Section 6 assesses the risks faced by the Institute in delivering these plans and how they will be managed.

1.7 The key business objectives for the coming year are as follows:

- Outputs
 - Publish 3 pieces of public health interventions guidance and 1 joint guideline with the Centre for Clinical Practice.
 - Publish 23 multiple technology appraisals and 15 pieces of guidance published under the new single technology appraisal process.

- Publish 55 pieces of interventional procedures guidance.
- Publish 15 clinical practice guidelines plus 2 clinical guideline updates and one cancer service guidance document.
- Issue 50 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.
- New Initiatives
 - Develop a new topic selection work programme and a new Single Technology Appraisal process which will allow guidance on certain topics to be produced more rapidly.
 - As the NHS continues to seek best value for the funds it has available, the Institute will look for opportunities to support commissioners and providers in optimising the use of existing interventions and approaches to care.
- Improving efficiency.
 - Improve the efficiency and speed of its output across all its work programmes.
 - The Centre for Clinical Practice will establish the capacity to provide rapid guidance on specific topics.
- Development
 - Increase the capacity of the Centre for Public Health Excellence by 50% to ensure 15 pieces of guidance (8 interventions and 7 programmes) are in simultaneous development.
 - Focus on key developmental areas which will be to establish a new field based resource to engage with key partners at a strategic level and to develop its guidance dissemination and implementation strategies, including the development of a new implementation support tool for commissioners.
- Partnership Working
 - Continue in our commitment to openness, transparency, consultation and partnership working and develop new and existing relationships with a range of key partners and organisations.

- 1.8 This business plan will be used by the Board to set personal objectives for the Institute's staff, to monitor progress and to account to the Secretary of State for our performance. It is also intended to inform our stakeholders of our plans for the year ahead.

2 POLICY CONTEXT

- 2.1 NICE is now firmly established as a primary source of clinical standards, assessed for their effectiveness (including their cost effectiveness), in the United Kingdom. This is confirmed, and reinforced, in the Healthcare Standards in England and Wales and through the use and status of NICE technology appraisals and interventional procedures guidance in Scotland.
- 2.2 Established in April 1999 to set clinical standards as part of a comprehensive quality framework for the NHS, our role has since been reinforced and extended in key health service policy statements. The public health white paper *Choosing Health*, published in November 2004, confirmed the Institute's new role in providing the NHS and the wider community with guidance on effective public health practice. Consequently, a new guidance producing Centre was established in 2005, within NICE, the Centre for Public Health Excellence. Systems to deliver public health interventions and programme guidance were initiated in 2005 and began to develop their first products.
- 2.3 *Choosing Health* established a challenging agenda for health professionals and the wider public health community. NICE has an opportunity to contribute to the successful achievement of the targets in the white paper through the production, dissemination and support for implementation of clear guidance for health professionals and others.
- 2.4 In July 2004, the Department of Health published *Standards for Better Health*. These standards provide a common set of requirements applying across all health care organisations and a framework for continuous improvement in the quality of care people receive. Health care organisations are expected to comply with the core standards identified in the document, and to make progress in achieving its developmental standards. Compliance with NICE technology appraisals and interventional procedures guidance are core standards; and implementation of clinical guidelines and public health guidance is expected as a developmental standard. .
- 2.6 In December 2005, the Department of Health published *Health Reform in England*, which describes the framework for reform of the NHS in England. The Institute can play an important role in supporting many aspects of these reforms to secure better care, better patient experience and better value for money. This will involve developing active relationships with the new Primary Care Trusts and Strategic Health Authorities, developing tailored approaches for implementation

and ensuring that the costs of compliance with all NICE guidance are taken into account in payment by results.

- 2.7 The Institute's success is best measured by the extent to which its guidance is applied in clinical and public health practice. The Department of Health has encouraged NICE to seek opportunities to support users of the Institute's guidance to take better advantage of it. Although we have made a good start, we recognise that we can do more and we are determined to do so.
- 2.8 The Better Regulation Task Force has recommended that public bodies produce regulatory impact assessments for new initiatives that impact on frontline staff and organisations. The Institute will need to take this requirement into account and will discuss the implications of this with the Department of Health.
- 2.9 The Institute will continue to work with the Department of Health to meet its efficiency targets by the end of 2008.
- 2.10 In September 2005 the Institute agreed a new Service Level Agreement with Wales. NICE will continue to provide services across the clinical portfolio and will send the information directly to clinicians and others in the Welsh NHS. This is consistent with the information provided to the Welsh health service in WHC (2005) 22 indicating that Wales would:
- “continue to have access to, and receive support for, all NICE technology appraisal guidance, clinical guidelines and interventional procedures published over the next 3 years”
- The Institute will remain compliant with the Welsh Language Act 1993 and will agree a new scheme with the Welsh Language Board.
- 2.11 The Institute is actively involved in discussions to establish a service level agreement with the health service in Northern Ireland.
- 2.12 Finally, the Institute will continue to have a role to play in ensuring that the NHS uses its funds effectively. During 2006 – 2007, we will work with the Department of Health to identify how through selection of appropriate topics, our existing programmes might be enhanced to achieve this.

3 PLANNING FRAMEWORK

Introduction

- 3.1 The Institute's business planning principles and objectives are set out below. Detailed quarterly milestones are set out in Appendix 1, which allow the Board and the Department of Health to monitor progress

towards the achievement of these objectives throughout the year.

3.2 The *National Standards, Local Action – Health and Social Care Standards and Planning Framework 2005/06 – 2007/08* for the NHS in England sets out challenging targets. This framework emphasises the important role the Institute will play in setting standards that improve services; and there are a number of specific references requiring local organisations to take full account of NICE guidance. The framework also establishes the objectives all NHS organisations should take into account in their planning. These include:

- 3.2.1 Making the most efficient and effective use of available resources.
- 3.2.2 Ensuring that staff are trained and motivated, introducing flexible ways of working and improving the working lives of staff.
- 3.2.3 Exploiting the opportunities of information technology.

Principles

3.3 These broad objectives have been combined, in this business plan, with the need to maintain business continuity as the organisation is fully established. To achieve this, the following planning principles have been developed for 2006/7:

- 3.3.1 Concentrate resources on the Institute's core activities of developing, disseminating and supporting the implementation of effective practice guidance.
- 3.3.2 Design systems and structures which produce stimulating and rewarding jobs that encourage staff to achieve their full potential.
- 3.3.3 Plan over three years (2006/7 to 2008/9) to ensure that the full organisational and financial impact of the changes taking place are taken into account, and to recognise the need to meet the savings targets required by the Arms Length Body review.
- 3.3.4 Ensure the integrity, consistency and quality of current work programmes.
- 3.3.5 Build planning and management capacities for new and unexpected activities.
- 3.3.6 Seek opportunities to exploit the commercial potential of the Institute and its guidance outside the public sector.

Key Business Objectives

3.4 The key business objectives for the coming year are as follows:

- Outputs -
 - Publish 3 public health interventions guidance and 1 joint guideline with the Centre for Clinical Practice.
 - Publish 23 multiple technology appraisals, including 12 reviews, and 15 pieces of guidance published under the new single technology appraisal process.
 - Publish 55 pieces of interventional procedures guidance.
 - Publish 15 clinical practice guidelines plus 2 clinical guideline updates and one cancer services guidance document.
 - Issue 50 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.

- New Initiatives
 - Develop a new topic selection work programme which will be faster, more responsive and which provides better engagement with key stakeholders.
 - Develop a new Single Technology Appraisal process. This new process will be designed specifically to appraise single technologies, for single indications and will allow a rapid Institute response to be made, with guidance being produced close to the point of launch of the technology.
 - Identify opportunities to support commissioners and providers in optimising the use of existing interventions and approaches to care.

- Improving efficiency.

NICE will improve the efficiency and speed of its output across all its work programmes. In particular:

- the Centre for Clinical Practice will establish a rapid response capacity which will produce guidance on specific topics;
- Institute wide planning and coordinating activities will be developed to support and manage the relationships between topics across the guidance producing Centres;

- the Centre for Clinical Practice will implement a revised guideline development process which will give a total production time per guideline of no more than 24 months;
- the application of the process and methods guides in the technology appraisal, clinical guidelines and interventional procedures programmes will be reviewed in order to identify opportunities for efficiencies in the way in which they are applied;
- the organisation will meet all efficiency targets in estates, information technology, human resources and financial areas, in accordance with the requirements of the Arms Length Body Review.

- Development

NICE will focus on key developmental areas which will be to:

- increase the capacity of the Centre for Public Health Excellence by 50% to ensure 15 pieces of guidance (8 interventions and 7 programmes) are in simultaneous development;
- establish a team of implementation consultants to engage with key partners at a strategic level;
- contribute to effective dissemination of NICE guidance by making appropriate use of advances in information technology;
- take forward work to embed NICE guidance into the broad educational framework and relevant curricula;
- evaluate the uptake of guidance and barriers to implementation to inform and develop the implementation strategy.

- Partnership Working

NICE will continue in its commitment to openness, transparency, consultation and partnership working and will, in particular:

- work in partnership with a range of organisations, including the Healthcare Commission, the Social Care Institute for Excellence, the National Institute for Innovation and Improvement, the Audit Commission, Connecting for Health, clinical and public health professionals in the NHS and local government and patient and public stakeholder groups, to facilitate the implementation of our guidance;

- keep under review how it identifies and engages with relevant stakeholders across all its work programmes to ensure that their needs are effectively addressed;
- develop further and support opportunities for patient and carer, as well as public, involvement across the three guidance-producing Centres through the work of the Patient and Public Involvement Programme.

4 PROGRAMME ANALYSIS

4.1 Centre for Public Health Excellence

4.1.1 Key activities

In its second year, the Centre will be operating to full capacity with four public health interventions guidance, five public health programme guidance and one joint guideline with the Centre for Clinical Practice all in development. The public health topics are complex and are largely developed by an in-house team. Work is being undertaken to expand the capacity of the Centre further from April 2006 and additional work will be undertaken to review the operation of the public health collaborating centres with the aim of improving efficiency and increasing capacity.

The Centre's principal objectives are set out below:

- to publish 3 public health interventions guidance and associated documents on sexually transmitted infections, teenage conceptions and drugs;
- to increase the capacity of the Centre for Public Health Excellence by 50% to ensure 15 pieces of guidance (8 interventions and 7 programmes) are in simultaneous development;
- to bring forward the publication of guidance on obesity, from February 2007 to November 2006;
- to consolidate and grow the capacity to undertake health economic analysis;
- to contribute to the WHO Social Determinants of Health Project;
- to monitor the operation of the Public Health Intervention Advisory Committee and the Public Health Programme Development groups;
- to review the operation of the public health collaborating centres.

4.1.2 Staffing

There will be an increase in staffing in 2006-7 to strengthen project management and administrative support to the Centre and to begin to expand the capacity of the Centre with the recruitment of three additional analysts.

4.1.3 Resource Allocation

Table One: Centre for Public Health Excellence Resource Allocation

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Public Health Excellence	1,681	2,596	4,277	1,356	1,961	3,317
- staffing	30.00 wte			24.40 wte		

4.2 Centre for Health Technology Evaluation

4.2.1 Key activities

The Centre for Health Technology Evaluation incorporates a range of programmes including the existing multiple technology appraisals programme, the new single technology appraisals programme and the interventional procedures programme. A feasibility study is also underway which will determine whether the Institute could establish a programme to evaluate decision support systems and agreement will be reached with the Department of Health to determine how the work of the Advisory Committee on Borderline Substances will be taken forward. The programme will also develop a planning database to manage the growing complexity of the work of the Centre. The key activities for each work area are set out below:

The principal activities and objectives for the **multiple technology appraisals** programme are set out below:

- Publish 23 multiple technology appraisals, including 12 reviews of existing guidance, covering 59 technologies.

The principal activities and objectives for the **single technology appraisals programme** are set out below:

- Publish 15 pieces of guidance.
- Determine whether a third appraisal committee is necessary.
- Following consultation, develop a full process guide for the single technology appraisal process.
- Hold information sessions for stakeholders on the single technology appraisal process.

The principle activities and objectives for the interventional procedures programme are set out below:

- Issue 55 pieces of Interventional procedures guidance at a rate of at least 12 pieces of guidance each quarter.

Other key activities for the Centre for Health Technology Evaluation are set out below:

- Clarify with the Department of Health the future direction of the management of the work of the Advisory Committee on Borderline Substances and agree a strategy for taking this work forward with the Institute's Board.
- Clarify with the Department of Health whether a new work programme is to be established to manage the appraisal of orphan drugs and to agree a strategy for taking this forward with the Institute's Board.

4.2.2 Staffing

There will be a significant increase in staffing to support the work of the Centre to establish the new single technology appraisal process and support the Advisory Committee on Borderline Substances, establish a new programme to appraise orphan drugs and a new programme to evaluate computer based decision support systems.

4.2.3 Resource Allocation

**Table Two:
Centre for Health Technology Evaluation Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Health Technology Evaluation	2,077	886	2,962	1,758	804	2,562
- staffing	40.75 wte			30.80 wte		

4.3 Centre for Clinical Practice

4.3.1 Key activities

- Publish 15 clinical practice guidelines plus 2 clinical guideline updates and 1 cancer service guidance document.
- Initiate the updating of 2 clinical guidelines using a robust and reproducible methodology, focusing on sections of the guideline

where there has been change in the evidence base or practice and revise guidance as necessary.

- Implement changes to the validation process and a revised guideline development process which will give a total production time of 24 months from publication to publication for newly commissioned clinical guidelines.
- establish a rapid response capacity which will produce guidance with short development timelines on specific topics.
- Develop and pilot a proposal for a sustainable approach to addressing co -morbidity across the core guidelines
- Produce guidance in formats which are suitable for other agencies and which meet the needs of different audiences and communication channels. This is a joint piece of work with the Communications and Implementation Support Directorates.
- Enhance health economics Input across the Guideline Development Groups

4.3.2 Staffing

There will be an increase in the staffing of the Centre to contribute to achieving greater efficiency in the management of the Collaborating Centres and Guideline Development Groups and to establish a rapid response unit.

4.3.3 Resource Allocation

**Table Three:
Centre for Clinical Practice Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Clinical Practice	1,104	6,777	7,880	867	6,033	6,900
- staffing	20.00 wte			15.00 wte		

4.4 Implementation Systems Directorate

4.4.1 Key activities

The Implementation Systems Directorate will produce a broad range of support packages and implementation tools to support the implementation of NICE guidance into practice for clinical and public

health guidelines and selected technology appraisals. Key activities are set out below:

- contribute to effective dissemination of NICE guidance by making appropriate use of advances in information technology;
 - A feasibility study report will be produced to provide solutions and a way forward for the development of NICE guidance in a format suitable for electronic tagging and coding to increase access from other IT systems.
- develop a supportive environment for implementation through active engagement with key partners;
 - Regular meetings will be held with the Payment by Results team and NICE technical staff.
 - Regular meetings will be held with the Audit Commission, the Healthcare Commission, Local Government Association and the Centre for Public Scrutiny to ensure that any requirements of Local Government, once NICE guidance has been issued, are included in the Comprehensive Performance Assessment (CPA) improvement reviews and scrutiny programme.
 - Board level meetings will be held with target organisations at regional and local level to evaluate usefulness of implementation tools and future support needs.
 - A workshop will be held with the Improvement and Development Agency (IDeA) and the NHS Institute for Innovation and Improvement to promote the implementation of NICE products.
- provide practical, generic and guidance-specific implementation tools, to support the implementation of NICE guidance into practice;
 - 50 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice will be delivered at the point of launch.
 - Plots of predicted uptake will be provided for selected guidelines and technology appraisals to help evaluate progress.
 - Web-based annual forward planner will be published (as a development of current e-alert tool)

- establish a successful field-based resource, consisting of 5 Implementation Consultants, to engage with key partners at a strategic level;
 - The aim of the new posts will be to develop and provide a viable long-term approach for the engagement of organisations and networks at a strategic level to encourage, inform and facilitate their own implementation activities. It will provide effective support for the NICE implementation strategy, and also provide a feedback mechanism to underpin all aspects of the Institute's work.
- share learning from local examples of implementing NICE guidance;
 - A process will be developed for identifying and disseminating, via the website, an optimum level of generic and guidance-specific examples from local practice.
 - A best practice award will be sponsored for implementation of NICE guidance to help identify examples of best practice.
- embed NICE guidance into the broad educational framework and relevant curricula;
 - Subject to 2005/6 pilot results, two further online educational packages will be published in 2006/7.
 - An educational package for teaching purposes will be produced (possibly as a distance learning tool).
- evaluate uptake of NICE guidance and identify the opportunities for and barriers to implementation in public health and clinical practice, using data from a range of sources, to help inform the NICE implementation strategy.
 - Develop a comprehensive database mapping studies from a variety of sources against NICE guidance.
 - An evaluation report will be published and a workshop will be held to evaluate awareness and usage of implementation support materials and inform future development.
- research opportunities to support commissioners move their services towards compliance with NICE guidance, by developing topic-specific interactive tools and other support

4.4.2 Staffing

The implementation directorate was significantly reduced in 2005-6 because of the changes to the regional structure. However there will be a reinvestment in regional based staff in 2006-7 with the

appointment of 5 field-based implementation consultants and an increase in London based staffing to provide additional support to the guidance costing work. Two additional senior managers will also be recruited. One will lead the coordination of work to ensure the Institute's guidance is as accessible as possible and integrates with external information systems and the other post will supervise and manage the evidence and effectiveness component of the programme.

4.4.3 Resource Allocation

**Table Four:
Implementation Systems Directorate Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Implementation Systems	1,625	890	2,515	2,573	1,074	3,647
- staffing	35.40 wte			51.30 wte		

4.5 Clinical and Public Health Directorate: Research and Development and Information Services

The aim of the Research and Development team is to support the Institute in producing guidance by:

- promoting the expansion of the evidence base in response to the Institute's needs;
- ensuring that the Institute's guidance development processes remain fit for purpose;
- providing policy analysis input.

The aim of the Information Services team is to support the Institute in producing guidance by:

- providing information resources to the Centres and, more widely, by promoting the efficient use of information across the Institute.

4.5.1 Key activities

- The Citizens Council will meet twice in 2006/7 to consider important ethical questions of direct relevance to NICE. Two reports will be produced in 2006/7 and where appropriate these will be subject to public consultation. We will also explore the potential for the expansion of the scope of the Council's work through collaboration with other public bodies.

- The Research and Development team will play an active role in the development and further activities of the UKCRC. Particular emphasis will be placed on the development of registry and routine data systems to underpin the evidence requirements of the Institute with an emphasis on the Interventional Procedures Programme.
- The team will develop a Memorandum of Understanding with the London School of Hygiene and Tropical Medicine, a centre of excellence in research and development and education. Through this collaboration, both organisations will be more able to enhance the contribution each makes towards informing health policy and practice and improving the overall health of the population. The Institute will explore the development of similar arrangements with other organisations where this is relevant and appropriate.
- The team will continue to promote NICE's key research needs and help formulate and prioritise recommendations in a manner targeted to potential research partners. For 2006/07 we have identified the following key areas we will be focusing on:
 - Initiate discussions with the ABPI and pharmaceutical industry to explore potential opportunities for encouraging uptake of research recommendations.
 - Explore the processes for the development and promotion of research recommendations from public health guidance and seek financial support for pressing methodological research.
 - A minimum of 2 general prioritisation meetings will be held in 2006/7. We will also develop and launch an online NICE research recommendation database and will work with the Information Systems team to maintain and update this database.
- The Information Services Team will support the development of the new topic selection work programme, and the new Single Technology Appraisal process.
- Implementation of a new library management system will achieve integration of the library collection, facilitating access to internal collections and enabling more effective management of inter-library loans.
- The team will undertake an assessment of the likely benefits of adopting a strategic integrated approach to managing its knowledge assets. An information audit may then be carried out, and a Knowledge Management Strategy developed. Anticipated benefits include facilitation of planning across the Institute, supporting staff development, and enhancing internal communication.

- The Information team will work closely with colleagues from the e-media team to implement a controlled vocabulary for the Institute, to improve the consistency and accuracy of subject indexing and improve access to online content.
- The CJD guidance project being jointly undertaken with the Centre for Health Technology Evaluation will be completed and will make a report to the Institute's Board in May 2006.
- The Research and Development Advisory Committee will hold annual meetings to provide high level strategic input in the Institute's Research and Development activities as outlined in its terms of reference. The proposed theme for 2006/07 will be to focus on the Institute's input into the WHO Commission for Social Determinants of Health, as an evidence and measurement hub (CPHE).
- The Directorate will also assess the feasibility of establishing a programme within NICE to support the NHS in reallocating resources from ineffective practice.

4.5.2 Staffing

There will be a small increase in staffing for the Directorate to increase the information specialist support to the new Topic Selection and Single Technology Appraisal processes and to support the new rapid response unit in the Centre for Clinical Practice. There will also be a reorganisation of the Research and Development Team.

4.5.3 Resource Allocation

**Table Five:
Clinical and Public Health Directorate Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Clinical and Public Health	1,049	455	1,504	1,069	830	1,899
- staffing	22.50 wte			20.60 wte		

4.6 Patient and Public Involvement Programme

4.6.1 Key activities of the Develop and support opportunities for patient, carer and public involvement across the NICE work programmes.

- Develop and support opportunities within the National Collaborating Centres for patient, carer and public involvement.

- Facilitate the involvement of patient, voluntary and non-governmental organisations (NGOs) that contribute to NICE processes.
- Provide information, training and support to individual patients, carers and lay people who are actively engaged in the production of NICE guidance or as members of the Institute's advisory committees.
- Develop methods for evaluating patient, carer and public involvement in Institute activities and use the results to improve the support people receive.
- Transfer the NGO Forum to a new host following agreement with the DH.

4.6.2 Staffing

There will be a small increase in the staffing of the patient and public involvement programme to take account of an increase in the expansion of work programmes. The post supporting the NGO Function will be transferred with the transfer of the function.

4.6.3 Resource Allocation

**Table Six:
Patient and Public Involvement Unit**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
PPIU	390	-	390	317	-	317
- staffing	8.10 wte			7.10 wte		

4.7 Communications Directorate

4.7.1 Key activities

- Manage the publication of all Institute guidance documents.
- Support the guidance producing Centres in updating process documents and guides.
- Support the implementation team in developing and electronically publishing implementation support packages and materials.

- Publish the Institute’s annual report, business and corporate plans, an updated version of the Guide to NICE and a leaflet describing the Institute’s Information for the Public.
- Organise an annual conference for healthcare and public health professionals and a programme of attendance at ten or more external conferences, events and exhibitions throughout the year.
- Continue development of a high quality website that meets the evolving needs of stakeholders and users.
- Establish partnership arrangements with third party communicators to target relevant information from published guidance to key audiences.
- Implement a communications programme and dissemination strategy to ensure that a wide community of public health stakeholders understand the role and remit of the Institute and receive relevant guidance products.
- Work with the implementation team on a feasibility study to support a strategic shift from print to electronic guidance dissemination.

4.7.2 Staffing

There will be a small increase in staffing in order to support the new Single Technology Appraisal process and the overall increase in guidance production and to strengthen senior management capacity.

4.7.3 Resource Allocation

**Table Seven:
Communications Directorate Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Communications	1,802	2,084	3,886	1,486	2,226	3,712
- staffing	39.30 wte			34.60 wte		

4.8 Board and Corporate Services

4.8.1 Key activities

- Establish the Institute's office in Manchester to support planned growth.
- Provide support to establish planning tools and systems across the Institute's Centres and strengthen the Institute's planning functions.
- Establish a training policy for staff and an organisation development programme.
- Undertake a review of the efficiency of the HR service and the arrangements for outsourcing financial, payroll and IT services.
- Enhance and fully test disaster recovery and business continuity arrangements.
- Implement and manage the implications of Agenda for Change and secure 'practice status' under the Improving Working Lives initiative.
- Provide support to managers and staff in implementing new structures and new ways of working.
- Develop the organisation's capacity to implement electronic staff records in 2007.

4.8.2 Topic Selection Programme

- A new topic selection work programme will be established which will provide a rapid and robust mechanism for the identification of priority topics for the Institute's work programmes.
- The programme will provide the planning tools and systems to allow the relationships between topics across the Centres to be effectively monitored and managed.

4.8.3 Staffing

The staffing for the Board and Corporate Services will decrease in 2006-7 following the introduction of a range of efficiencies across all areas. The Topic Selection programme is a new programme of activity and a new team will be established to support it.

4.8.4 Resource Allocation

**Table Eight:
Planning and Resources Directorate Resource Allocation**

	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Topic Selection	232	-	232	-	-	0
- staffing	6.40 wte			- wte		
Board and Corporate	1,723	3,670	5,393	1,485	3,739	5,224
- staffing	32.60 wte			32.60 wte		

5 RESOURCE MANAGEMENT

5.1 Human Resources

- 5.1.1 The proposed staffing profile for the Institute is shown in Table 9. This establishment has been created from the original staff of the Health Development Agency and the National Institute for Clinical Excellence, taking into account reductions made through the integration of the new organisation.
- 5.1.2 The ALB indicative headcount target for the Institute is to reduce the headcount by 15 whole time equivalents (WTEs) by 2008/9
- 5.1.3 At 31 March 2004 (the ALB baseline year) there were 232 WTEs
- 5.1.4 At 31 March 2006 there will be 192 WTEs in post, which is a reduction of 40 WTEs against the baseline year.
- 5.1.5 In addition to the 192 WTE staff, 43 WTE new staff will need to be recruited to support new activities and general growth. New activities will include the Single Technology Appraisals Process (9 WTE), the new Topic Selection Work Programme (8 WTE), other implementation staff to develop costing and commissioning tools (12 WTE and communications support for this expansion in activities (6 WTE). General growth will account for a further 3 WTE in 2006-7.
- 5.1.6 Excluding new activities, the Institute has achieved a headcount reduction of 40 WTE by March 2006 which will reduce to 37 WTE by March 2007, against an indicative target to achieve a 15 WTE headcount reduction by 2008/09.

**Table Nine:
Staffing Profile 2006 – 2007**

Staffing profile	06 07 wte	05 06 wte
Centres		
Health Technology Evaluation	40.75	30.80
Public Health Excellence	30.00	24.40
Clinical Practice	20.00	15.00
sub total - Centres	90.75	70.20
Directorates		
Clinical and Public Health	22.50	20.60
Implementation Systems	35.40	51.30
PPIU	8.10	7.10
Communcations	39.30	34.60
Topic Selection	6.40	1.00
sub total - Directorates	111.70	114.60
Board and Corporate	32.60	32.60
Total	235.05	217.40

5.1.7 A number of initiatives will be introduced to ensure that staff and managers are appropriately supported. These include:

- support ongoing implementation of Agenda for Change;
- implementation of plans to secure 'practice standard', under Improving Working Lives, with a view to promoting health and identifying related initiatives to support this;
- review of relevant human resources policies to support the integration of all staff in the new organisation;
- establishment of an Associate Directors Forum which will receive training and guidance on the practical implementation of key policies;
- establishment of the Staff Involvement Forum;
- establishment of a Board led HR Group to provide leadership and direction to the HR work programme with the authority to approve policies and procedures on behalf of the Board.

5.1.8 The Institute is committed to equality of opportunity and valuing diversity in its employment practice. We have policies in place that will support our efforts in this respect, and we will keep these under review to ensure that they comply with relevant legislation and best practice. We will build upon the success of the diversity and dignity at work training programme carried out in 2004-05 and will provide refresher courses for all staff.

5.1.9 The Institute will establish a programme of organisational development activities designed to support the continued integration of the new organisation and to facilitate joint work across the teams.

- 5.1.10 The Board will continue to receive regular reports on human resources issues including equal opportunities monitoring, turnover, absence levels, and delivery of training and development programmes.
- 5.1.11 An initial audit of disability access issues to the premises and facilities at MidCity Place was undertaken when the Institute relocated in 2003 and the Institute acted on these recommendations to ensure that the offices are fully accessible for people with disabilities. The Institute will monitor these arrangements and will continue to meet legal and best practice requirements. New audits will be commissioned as required and staff will be trained in relevant areas.

HR Capacity and Efficiency

- 5.1.12 The ALB team is reviewing the provision of human resources services in the sector and is exploring the possibility of sharing services among the ALBs. The Institute will participate in this review and will report any implications to the Board when appropriate.
- 5.1.13 The cost per whole time equivalent (WTE) of HR services at the Institute (excluding training, occupational and payroll costs) is £947 per WTE. This compares with the ALB average of £745 and the Saratoga public sector best practice figure of £420. The ALB review team has asked that ALBs above the ALB average should work toward moving to the ALB average. This will be the target for the Institute in 2006-7 so that the efficiencies are achieved by 2007/8.
- 5.1.14 In considering moving to the target the ratio of HR staff: WTE staff will need to be considered. The Institute's current ratio is 1:45 against the Saratoga public sector best practice ratio of 1:129 and for administrative staff only the Institute's ratio is 1:58 against the Saratoga best practice ratio of 1:250.
- 5.1.15 In 2006-7 work will be undertaken to review where efficiencies might be made in the provision of HR services and this will include reviewing existing outsourcing arrangements for payroll services. This review will need to take account of plans to 2008/9 for staff growth and of the implications of managing Agenda for Change and Improving Working Lives initiatives. A tender process for Occupational Health Services was carried out in 2005-6, so this area of activity will not be reviewed in 2006-7. This internal review will also need to take account of the wider ALB review which has not yet concluded its report and recommendations about the provision of a central resource for HR.

5.2 Information Technology

- 5.2.1 A plan will be developed to establish and integrate the IT services of the Manchester office with the Institute's main office base in London.

- 5.2.2 The Institute will implement its IT strategy which will provide support to the organisation in achieving its business objectives and will take into account any opportunities that arise to achieve further efficiencies either through the work of the ALB IT Forum or from guidance from the Head of IT at the Department of Health on any areas they have identified for development, following submission of our draft strategy and performance data.
- 5.2.3 Work to rationalise the infrastructure of the two former information domains to release further efficiencies will continue throughout 2006/7, as will work to restructure and rationalise the Institute's records management and archiving arrangements.
- 5.2.4 The Disaster Recovery and Business Continuity arrangements agreed by the senior management team in October 2005 will be enhanced and fully tested in 2006/7.

IT Capacity and Efficiency

- 5.2.5 The Institute has reviewed its performance against the ALB team's prime value performance measures. The annual IT cost per internal user at the Institute is £2,800. This compares with a worldwide 2004 Healthcare sector average IT cost of £10,400 per employee and a worldwide government average of £3,941 per employee.
- 5.2.6 The average ratio worldwide for total organisational expenditure budget to IT budget was 19.3:1 in 2004, or 5%. The average for Healthcare delivery organisations is around 3.3% and the Institute compares favourably at 2.02%.
- 5.2.7 The Institute's helpdesk cost per call is £13 which equates to the maximum cost suggested in the ALB team's supporting value indicators.
- 5.2.8 The Institute will aim to maintain its performance at existing levels.

5.3 Accommodation

- 5.3.1 This Strategic Plan for 2006-2009 and the Business Plan for 2006-7 establish a requirement to physically accommodate an additional 39 staff in 2006-7. A range of flexible and home working options are already in place at MidCity Place in order to accommodate all staff in the existing accommodation. An office base in Manchester has been established on the basis that:
- Current accommodation is inadequate to meet the needs of the Institute following significant increases in new work programmes

and areas of responsibility that could not have been anticipated when the previous relocation business case was submitted.

- The location for recruiting and retaining key staff and the strategy to forge closer links with Universities and their Health Technology Centres across the north of England is important.
- There is a significant possibility of further extensions to the Institute's areas of responsibility, which will necessitate further increases in the demand for accommodation.
- The option to increase the Institute's estate in London and the South East will be difficult to justify under the terms of the Lyons Review.

5.3.3 The Manchester office will be operational in the first quarter of 2006-07. A review of future accommodation needs in Manchester will be undertaken during 2006. The office will need to have the potential for growth over the three year planning period.

Estates Capacity and Efficiency

5.3.4 The Institute's 2005-6 space allocation was approximately 11sqm per person. The ALB benchmark standard is 10-15 sqm per person. The Institute will seek to maintain existing space efficiency standards in any new accommodation and ensure that there is adequate meeting room capacity to support its work.

5.4 Financial Framework

5.4.1 The Department of Health's review of its Arms Length Bodies (ALBs) has set an overall financial target for ALBs to save £500m for redistribution to frontline health and social care, of which £250m will be efficiency savings from ALBs and the other £250m through procurement efficiencies on behalf of the NHS, primarily through PASA. The headcount target is a reduction of 25% against the 2003/04 baseline.

5.4.2 The merger by absorption of the HDA was an important part of this strategy which resulted in overall savings of £3.5m as a result of efficiencies and organisational change that resulted from the merger. These savings were generated primarily in senior management, estates and corporate function costs.

5.4.3 The opportunity and decision to move to NHS shared financial services from April 2005 was taken by the Institute's Board following a full options appraisal and risk assessment. A review of these new arrangements including an assessment of any further savings will be undertaken in 2006/7.

5.4.4 The financial framework for the Institute up to March 2008 has been set by the Department of Health in the context of the ALB review. The

overall resource envelope will remain at its current (2005 - 2006) level over the next three years with an annual allowance of 2.7% for inflation. Within this the Institute will be expected to generate cost savings of £2m from which it will be expected to fund the increased activity associated with the development of new programmes and the enhancement of existing programmes

- 5.4.5 The Welsh Assembly Government has agreed a new service level agreement with the Institute. The agreed level of funding (£600,000 per annum) associated with the revised level of the Institute's involvement with Wales is included in this baseline funding. Funding has also been agreed with Scotland (£110,000) and with Northern Ireland (£170,000) on the basis that they receive a limited range of services from the Institute.
- 5.4.6 The Institute has been permitted to bring forward £1.05m under spend from 2005/6 as brokerage. Taking this into account, the net operating budget will be £30.408m. In addition, the Institute will generate income of £0.9m Table 10 shows how this gives total funds available of £31.308m for 2006/7.
- 5.4.7 As a result of indicative targets received during last year's allocation process the Institute had been planning for a significant reduction in resources for 2006/7. This was to be achieved through further efficiencies and by not developing the programmes. The Institute is now being expected to take on additional activities and to invest more in its processes in order to produce guidance more quickly. Because of the efficiencies that have been achieved and through tight financial management it has been possible to set a budget for 2006/7 that will accommodate the increased activity and additional estate that will be required for 2006/7 and beyond.

**Table Ten:
Resources Available in 2006 – 2007**

Resources available	06 07 £000	05 06 £000
Income		
Quality Improvement Scotland	110	110
Welsh Assembly Government	600	600
Northern Ireland	170	
Communications misc	20	80
Bradford project	-	170
sub total	900	960
Government funding		
Department of Health	29,358	28,673
Brokerage	1,050	
Total	31,308	29,633

5.5 Budget Allocations

5.5.1 The Institute has undertaken a detailed budget-setting exercise for 2006/7 and the allocations are shown in Table 11 below. After recurring allocations have been made to all the programmes there is a residual reserve of £1,273,000. It is planned to use this as a non recurring fund. It will be used to invest in further enhancements to programmes and processes though 2006. The bids that have been approved against this fund are shown in Table 12 as well as the unallocated balance of £382,000. This unallocated balance, together with the brokerage of £1,050,000 will be used to complete activities and projects that were delayed from 2005/6. It will also provide a one-off fund which can be used to pump-prime the new programmes that the Institute is currently developing.

**Table Eleven:
Budget Allocations 2005 – 2006**

Budget allocations	2006-2007			2005-2006		
	Pay £000	Non Pay £000	Total £000	Pay £000	Non Pay £000	Total £000
Centres						
Health Technology Evaluation	2,077	886	2,962	1,758	804	2,562
Public Health Excellence	1,681	2,596	4,277	1,356	1,961	3,317
Clinical Practice	1,104	6,777	7,880	867	6,033	6,900
sub total - Centres	4,862	10,258	15,120	3,981	8,798	12,779
Directorates						
Clinical and Public Health	1,049	455	1,504	1,069	830	1,899
Implementation Systems	1,625	890	2,515	2,573	1,074	3,647
PPIU	390	-	390	317	-	317
Communcations	1,802	2,084	3,886	1,486	2,226	3,712
Topic Selection	232	-	232	-	-	0
sub total - Directorates	5,099	3,429	8,528	5,445	4,130	9,575
Board and Corporate	1,723	3,670	5,393	1,485	3,739	5,224
Reserves	-	1,217	1,217	-	237	237
Transitional costs					1,458	1,458
Brokerage	-	1,050	1,050			
Income		(900)	(900)			
sub total - other	1,723	5,037	6,760	1,485	5,434	6,919
Total	11,684	18,724	30,408	10,911	18,362	29,273

Table Twelve
Allocation of reserves 2006 – 2007

Reserves	2006-07 Total £000
Co-morbidities project	50
Review of guideline production processes	20
Recruit new Citizens Council	60
Consultancy	75
WHO review	50
Database development	100
Information Services projects	80
Manchester fit out / other non recurring costs	400
Unallocated reserves	382
Total non recurring	1,217

6 RISK ASSESSMENT AND HANDLING STRATEGIES

6.1 Risk Analysis

6.1.1 The objectives and activities set out in this business plan represent a significant challenge for the Institute as we continue to grow and develop. The Senior Management Team has undertaken a risk assessment of the plan and identified six key themes, which will require careful management. These are:

- Reputation
- Response to Change
- Capacity
- Demand
- Quality
- Implementation
- Effective use of resources
- Planning

6.1.2 The key handling strategies for each risk are shown in Table Eleven below:

Table Twelve: Risk Assessment and Handling Strategies

Risk	Objective	Handling Strategy
Reputation Damage to the Institute's reputation undermines the credibility of its guidance	Key principles underpinning the quality of the Institute's guidance are clear, well understood and strictly adhered to.	Key principles are agreed and set out in Corporate and Business Plans and proactively communicated as part of the Communications Strategy.
Response to Change The Institute is under-resourced or is not able to match its resources sufficiently quickly to a rapidly changing environment.	Growth is monitored and controlled, new activities and changes are planned well in advance and are managed	Engage fully with the DH on the introduction of any new work activities, negotiate realistic timeframes and resources and keep management capacity under review.
Capacity Insufficient capacity to deliver guidance and to support its implementation. Issue of guidance delayed.	Realistic planning mechanisms in place and timetables set and achieved.	Robust staffing plans, improve planning systems and monitoring. Flexibility in the deployment of resources.
Demand Higher level of activity required than originally expected.	Demand managed and timetables maintained	Flexible response to increased demand. Review processes and implement changes and contingency plans.

Risk	Objective	Handling Strategy
Reputation Damage to the Institute's reputation undermines the credibility of its guidance	Key principles underpinning the quality of the Institute's guidance are clear, well understood and strictly adhered to.	Key principles are agreed and set out in Corporate and Business Plans and proactively communicated as part of the Communications Strategy.
Quality Insufficient resources in key areas affects quality of guidance.	Maintain consistent and rigorous approach	Quality assurance process clearly defined and followed. Appointment of experienced, qualified staff.
Implementation Guidance challenged or not implemented	Guidance welcomed and used by NHS, other relevant organisations, patients and public.	Develop role in facilitating implementation with relevant agencies and monitor impact of guidance.
Effective use of resources Resources (staff, funding, contracts, infrastructure) not used effectively and fail to achieve objectives.	Effective use of resources	Keep under review human resource, IT and finance functions and resources. Ensure personal development plans are established for all staff and there are effective mechanisms of staff feedback.
Internal Planning The Institute fails to respond to increasing internal complexity following a period of rapid growth and change.	Effective and coordinated planning across the programmes	Ensure planning tools, systems and resources are developed, meet needs and are fit for purpose.

6.2 Risk Management

6.2.1 The Institute will ensure a robust system of risk assurance is maintained.

6.2.2 The Audit Committee and the Board will receive regular reports on the risk assurance framework.

APPENDICES

- 1 Quarterly Milestones**
- 2 Centre for Public Health Excellence Work Programme**
- 3 Centre for Health Technology Evaluation Work Programme**
- 4 Centre for Clinical Practice Work Programme**
- 5 Board and Senior Management Team**

April to June

- Publish 2 multiple technology appraisals.
- Publish 2 single technology appraisals
- Publish at least 12 pieces of interventional procedures guidance
- Determine whether a third appraisal committee is necessary to support the technology appraisals programme.
- Develop full process and methods guides for the single technology appraisal process.
- Establish the work programme for the Advisory Committee on Borderline Substances following agreement with the Department of Health.
- Publish 2 clinical practice guidelines and 1 cancer services guideline
- Implement changes to the validation process and a revised guideline development process which will give a total production time of 24 months for newly commissioned guidelines.
- Produce 9 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.
- Hold a joint workshop with IDEA and NHS Institute for Innovation and Improvement
- Establish a new team of Implementation Consultants with an agreed work programme
- Establish an annual forward planner
- Publish the 2006-2008 Corporate Plan and the 2006-2007 Business Plan
- Establish a planning database for the Interventional Procedures work programme
- Establish a fully operational office base in Manchester
- Develop an Institute wide staff development and training policy

July to September

- Publish 10 multiple technology appraisals incorporating reviews;
- Publish 3 single technology appraisals
- Publish at least 12 pieces of interventional procedures guidance
- Develop a planning database to facilitate integration of the single technology appraisal process into the existing technology appraisals programme.
- Publish 3 clinical practice guidelines
- Produce guidance in formats which are suitable for other agencies and which meets the needs of different audiences and communication channels.
- Produce 16 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.

- Establish a database mapping studies from a variety of sources against NICE guidance.
- Produce an Evaluation Report to inform the development of an approach to sharing learning and providing implementation support
- Produce an IT feasibility report
- Hold the Annual Public Meeting
- Publish the annual report and accounts
- Publish the seventh Citizens Council Report
- Enhance and fully test disaster recovery and business continuity arrangements
- Undertake a benefits assessment of adopting a strategic integrated approach to managing knowledge assets

October to December

- Publish 2 Interventions Guidance documents on sexually transmitted infections and teenage pregnancies
- Publish 5 multiple technology appraisals
- Publish 4 single technology appraisals
- Publish at least 12 pieces of interventional procedures guidance
- Review the operation of the Public Health Intervention Advisory Committee, Public Health Programme Development Groups and Public Health Collaborating Centres
- Publish 4 clinical practice guidelines plus one joint guideline with the Centre for Public Health Excellence
- Develop a proposal for a sustainable approach to addressing co - morbidities across the core guidelines
- Produce 16 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.
- Hold a qualitative workshop to review approaches with implementation experts and inform the future development of the work programme
- Produce 2 on-line learning tools
- Deliver sponsored HSJ and Guidelines in Practice Best Practice Awards.
- Hold 'Health and Clinical Excellence' 2006 Annual Conference
- Conduct an annual staff survey
- Achieve 'practice standard' under Improving Working Lives
- Produce a review of the efficiency of the HR service

January to March

- Publish 1 Interventions Guidance on Drugs.
- Publish 6 multiple technology appraisals.
- Publish 6 single technology appraisals
- Publish at least 12 pieces of interventional procedures guidance
- Publish 5 clinical practice guidelines

- Produce 9 implementation support packages of varying combinations including audit criteria, costing tools, slide sets and implementation advice.
- Hold an annual meeting with the Payment by Results team
- Develop a teaching package
- Publish the eighth Citizens Council Report
- Review the arrangements for outsourcing financial, payroll and IT services

Centre for Public Health Excellence Work Programme Appendix 2

Table 1 – Guidance publications 2006-7

	Title of document	Type of document
Q3 October – December 2006	1. Sexually Transmitted Infections (STIs) 2. Teenage Pregnancies	Intervention Guidance
Q3 October – December 2006	Obesity	Programme Guidance – Jointly with the Centre for Clinical Practice
Q4 January – March 2007	3. Drugs	Intervention Guidance

Table 2 – Work undertaken throughout 2006 for publication in 2007-8

	Title of document	Type of document
2007	Maternal and Child Nutrition Behavioural Change Physical Activity Community Engagement Smoking One further topic will be published that has not yet been notified.	Programme Guidance
	There are six pieces of interventions guidance to be published that have not yet been notified.	Intervention Guidance

APPENDIX 3a
Centre for Health Technology Evaluation Work Programme

Existing Appraisals process workload analysis 2006/07

	Guidance	Technologies covered	Number of technologies covered	Review?	Publication date
Q1	April – June 2006				
1	Colorectal cancer	oxaliplatin & capecitabine (adjuvant)	2	No	Apr-06
2	Renal transplantation (in children & adolescents)	basiliximab, daclizumab, tacrolimus, mycophenolate mofetil (MMF), mycophenolate sodium (MPS), and sirolimus	6	No	Apr-06
Q2	July – September 2006				
3	Psoriasis	etanercept & efalizumab	2	No	Aug-06
4	Psoriatic arthritis	etanercept & infliximab	2	No	Aug-06
5	Conduct disorders in children	parent-training/education programmes	4+	No	Jul-06
6	Anaemia (cancer-treatment induced)	epoetin (alfa & beta) & darbepoetin alfa	3	No	Sep-06
7	Alzheimer's disease	donepezil, rivastigmine, galantamine & memantine	4	Of 3 technologies, memantine is new	Jul-06
8	Prostate cancer (hormone-refractory)	docetaxel	1	No	Jul-06
9	Glioma (newly diagnosed)	carmustine implants & temozolomide	2	No	Aug-06
10	Hepatitis C (mild to moderate)	pegylated interferons, ribavarin & alpha interferon	3	Yes	Aug-06

	Guidance	Technologies covered	Number of technologies covered	Review?	Publication date
11	Ischaemic heart disease - coronary artery stents	Cypher, Taxus, BiodivYsio, Translumina, Janis, CoStar, Endeavor and Xience V	9	Of 3 technologies	Sep-06
12	Colorectal cancer	laparoscopic surgery	1	Yes	Sep-06
Q3	October – December 2006				
13	Mesothelioma	pemetrexed disodium	1	No	Oct-06
14	Diabetes (type I & II)	inhaled insulin	1	No	Oct-06
15	Breast cancer (early) - hormonal treatments	anastrozole, letrozole & exemestane	3	No	Nov-06
16	Colorectal cancer (advanced)	bevacizumab & cetuximab	2	No	Nov-06
17	Hyperparathyroidism	Cinacalcet HCl	1	No	Dec-06
Q4	January – March 2007				
18	Osteoporosis - primary prevention	Alendronate, etidronate, risedronate, raloxifene and strontium ranelate	5	No	Mar-07
19	Osteoporosis - secondary prevention	Alendronate, etidronate, risedronate, raloxifene, strontium ranelate and teriparatide	6	Of 5 technologies, strontium ranelate is new	Mar-07
20	Ankylosing spondylitis	adalimumab, etanercept & infliximab	3	No	Feb-07
21	Rheumatoid arthritis	adalimumab, etanercept and infliximab	3	Of 2 technologies, adalimumab is new	Mar-07
22	Drug misuse	methadone & buprenorphine	2	No	Mar-07
23	Drug misuse	naltrexone	1	No	Mar-07

* Guidance publication dates are based on there being no appeal

New Single Technology Appraisal (STA) process workload analysis 2006/07

	Guidance	Technology	Date license anticipated (C-i-C)/ received	Anticipated publication date
Q1	April – June 2006			
1	Breast cancer (early)	docetaxel	Mar-05	Jun-06
2	Breast cancer (early)	paclitaxel	Mar-05	Jun-06
Q2	July – September 2006			
3	Non-Hodgkin's lymphoma	rituximab	Aug-04	Aug-06
4	Multiple myeloma	bortezomib	Apr-05	Sep-06
5	Breast cancer (early)	trastuzumab	CiC	Jul-06
Q3	October – December 2006			
6	Breast cancer (advanced/metastatic)	gemcitabine	Nov-04	Oct-06
7	Leukaemia (lymphocytic)	fludarabine	Jan-03	Nov-06
8	Non-small cell lung cancer	erlotinib	Sep-05	Dec-06
9	Non-small cell lung cancer	pemetrexed	Sep-04	Dec-06
Q4	January – March 2007			
10	Head and neck cancer	cetuximab	CiC	Jan-07
11	Prostate cancer (hormone refractory)	atrasentan	CiC	Mar-07
12	Pancreatic cancer	Rubetican	CiC	Jan-07
13	Asthma (uncontrolled)	omalizumab	Dec-05	Feb-07
14	Glioma (recurrent)	Carmustine implants	May-99	Mar-07
15	Multiple Sclerosis	Natalizumab	CiC	Mar-07

* Guidance publication dates are based on proceeding directly to FAD publication and there being no appeal. Current estimates for the dates licenses are anticipated to be received and so final publication dates may vary.

Schedule of Interventional Procedures Consultation and Guidance 2006/7

Name of procedure	Disease area	Consultation	Guidance
Stapled transanal rectal resection procedure for obstructed defecation syndrome	Gastrointestinal	Jan-05	April-06
Balloon kyphoplasty for vertebral compression fractures	Musculo-skeletal	Jan-05	April-06
Retrograde urethral sphincterometry	Renal & urinary	Jan-05	April-06
Radiofrequency catheter ablation for atrial fibrillation	Cardiovascular	Jan-05	April-06
High dose rate brachytherapy for localised prostate cancer	Cancer	Feb-06	<i>May-06</i>
Endovascular closure of perimembranous ventricular septal defect	Cardiovascular	Feb-06	<i>May-06</i>
Percutaneous fetal aortic balloon valvuloplasty	Gynae, pregnancy & birth	Feb-06	<i>May-06</i>
Percutaneous fetal pulmonary balloon valvuloplasty	Gynae, pregnancy & birth	Feb-06	<i>May-06</i>
Laparoscopic helium plasma coagulation of endometriosis	Gynae, pregnancy & birth	Feb-06	<i>May-06</i>
HIFU for atrial fibrillation as an associated procedure with other cardiac surgery	Cardiovascular	Jan-05	<i>May-06</i>
Percutaneous disc decompression using coblation for low back pain	Musculo-skeletal	June-04	<i>May -06</i>
Live donor lung transplant for end stage lung disease	Respiratory	Jan-05	<i>May-06</i>
Ultrasound guided foam sclerotherapy for varicose veins (interim guidance)	Cardiovascular	Dec-05	<i>June-06</i>
Non-rigid stabilisation techniques for the treatment of low back pain	Musculo-skeletal	Dec-05	<i>June-06</i>
Percutaneous Cementoplasty	Musculo-skeletal	March-06	<i>June-06</i>
Intrafetal interstitial laser for the ablation of vessels within fetal tumours	Gynae, pregnancy & birth	March-06	<i>June-06</i>
Balloon occlusion of left atrial appendage (PLAATO)	Cardiovascular	March-06	<i>June-06</i>
Harmonic scalpel for tonsillectomy	ENT	March-06	<i>June-06</i>
Left ventricular assist devices as a bridge to transplant or recovery	Cardiovascular	March-06	<i>June-06</i>
Catheterless oesophageal PH monitoring	Gastrointestinal	April-06	<i>July-06</i>
Tonsillectomy using laser	ENT	April-06	<i>July-06</i>
Percutaneous radiofrequency ablation for primary and secondary lung cancers	Respiratory	April-06	<i>July-06</i>
Transobturator foramen procedures for stress urinary incontinence	Gynae, pregnancy & birth	April-06	<i>July-06</i>

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Deep brain stimulation for tremor and dystonia (excluding Parkinsons disease)	Neurological	May-06	<i>August-06</i>
Thoracoscopically assisted oesophagectomy	Gastrointestinal	May-06	<i>August-06</i>
Selective dorsal rhizotomy for spasticity in cerebral palsy	Central Nervous System	<i>June-06</i>	<i>September-06</i>
Insertion of pleuro-amniotic shunt for fetal pleural effusion	Gynae, pregnancy & birth	<i>June-06</i>	<i>September-06</i>
Cryotherapy for renal tumours	Cancer	<i>June-06</i>	<i>September-06</i>
Intramedullary skeletal kinetic distractor for femoral and tibial lengthening	Musculo-skeletal	<i>July-06</i>	<i>Oct-06</i>
Fetal vesico-amniotic shunt for bladder for lower urinary tract outflow obstruction	Gynae, pregnancy & birth	<i>July-06</i>	<i>Oct-06</i>
Amnioinfusion for oligohydramnios during pregnancy	Gynae, pregnancy & birth	<i>July-06</i>	<i>Oct-06</i>
Laparoscopic radical prostatectomy including robotically assisted	Cancer	<i>July-06</i>	<i>Oct-06</i>

This table is for known publications as at March 2006. Further activity will be dependent upon clinical referrals.

New Guidance

Atrial fibrillation	June 2006
Brain tumours – Cancer service guidance	June 2006
Parkinson's disease	June 2006
Bipolar disorder	July 2006
Post natal care	July 2006
Anaemia management in chronic kidney disease	September 2006
Urinary incontinence	October 2006
Obesity	November 2006
Prostate cancer	November 2006
Dementia	December 2006
Surgical site infection	December 2006
Antenatal and postnatal mental health (APMH)	January 2007
Heavy menstrual bleeding	January 2007
Intrapartum care	February 2007
Myocardial infarction – secondary prevention	March 2007
Urinary tract infections in children	March 2007

Reviews of Existing Guidance

Hypertension – partial update	June 2006
Familial Breast Cancer – partial update	Sept 2006

Board and Senior Management Team

Appendix 6

Professor Sir Michael Rawlins	Chair
Dr Susanna Lawrence OBE	Vice Chair
Professor Shah Ebrahim	Non-Executive Director
Professor Leon Fine	Non-Executive Director
Frederick George	Non-Executive Director
Jenny Griffiths OBE	Non-Executive Director
Mercy Jeyasingham	Non-Executive Director
Roy Luff OBE	Non-Executive Director
Mary McClarey	Non-Executive Director
Professor Helen Roberts	Non-Executive Director
Mark Taylor	Non-Executive Director
Andrew Dillon CBE	Chief Executive
Dr Gillian Leng	Implementation Systems Director
Professor Peter Littlejohns	Clinical and Public Health Director
Andrea Sutcliffe	Planning and Resources Director
Professor Mike Kelly	Centre for Public Health Excellence Director
Dr Carole Longson	Centre for Health Technology Evaluation Director
Dr Mercia Page	Centre for Clinical Practice Director
Louise Fish	Communications Director

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