



*National Institute for  
Clinical Excellence*

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Clinical Excellence***

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24005 1p5k June 01 (ABA)



*National Institute for  
Clinical Excellence*

***Corporate Plan***  

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***2001 – 2004***  

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## **Corporate Plan 2001 - 2004**

April 2001

### **Ordering Information**

Copies of this Corporate Plan can be obtained from the NHS Response Line by telephoning 0870 1555 455 and quoting ref. no. 24005.

## ***National Institute for Clinical Excellence***

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Web: [www.nice.org.uk](http://www.nice.org.uk)

Ref: 24005

ISBN: 1-84257-104-4

Published by the National Institute for Clinical Excellence

April 2001

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## Foreword

This is the second corporate plan produced by the National Institute for Clinical Excellence. It covers the period, 2001 to 2004 and updates the first corporate plan produced in June 2000.

The plan sets out the purpose of the Institute and highlights our corporate objectives for the next three years. These objectives are informed by the experience of our first two years of operation and by the commissions we anticipate receiving from the Secretary of State for Health and the National Assembly for Wales. The corporate plan is updated annually and is supported by the annual publication of a more detailed business plan.

A significant development since the production of our last corporate plan is the publication of the NHS Plan for England and the NHS Plan for Wales. These plans set out a substantial programme of investment and reform in the NHS in England and Wales.

We welcome the important role the Institute has to play in helping to deliver these programmes of reform and many of our objectives for the coming years reflect the priorities identified for us in the plans. These priorities set a challenging agenda for the Institute and for the NHS as a whole and it is essential that we are clear about the priorities for the Institute and how we will meet them in partnership with all our stakeholders.

**Professor Sir Michael Rawlins**  
Chairman  
National Institute for Clinical Excellence

# 1 Purpose

The National Institute for Clinical Excellence was established as a Special Health Authority to assist health professionals in England and Wales in providing NHS patients with the highest attainable quality of clinical care. In pursuing this goal the Institute has two guiding principles: -

- Its advice must be based on a rigorous analysis and assessment of the totality of the available evidence.
- Its advice must encompass both clinical *and* cost effectiveness.

The Institute's guidance must be robust and authoritative and it must also be directly relevant to contemporary clinical practice.

The Institute's purpose can therefore be defined as providing authoritative guidance on best clinical practice for patients and health professionals.

## 1.1 The changing NHS

1.1.1 Since its formation, in 1947, the National Health Service (NHS) has sought to provide universal health care to all citizens of the United Kingdom that is free at the time of need. During its early years the service was largely pre-occupied with financial and organisational issues. The responsibility for maintaining standards of clinical practice (the quality of care) was almost exclusively left to health professionals themselves, and to their representative organisations concerned with setting clinical standards.

1.1.2 There has been a gradual acceptance, over the past few years, that the delivery of the highest attainable standards of care in a modern health service requires close co-operation and co-ordination between the NHS, the health professionals working within it, and their representative organisations. One manifestation of this is the requirement, now placed on boards of NHS organisations, to give as close attention to clinical governance<sup>1</sup>

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<sup>1</sup> Clinical governance is the responsibility placed on NHS organisations to seek and assure continuous improvements to the quality of care they provide for their patients. See: Quality in the New NHS Department of Health 1999 and Quality Care and Clinical Excellence Welsh Office 1999

as they have traditionally placed on corporate governance. The enthusiasm with which health professionals themselves have embraced these new arrangements is remarkable. Perhaps, even more so, has been the response of health professionals' traditional standard-setting organisations, which have entered into these new arrangements with enthusiasm. The Institute has a major, though by no means exclusive, role to play in pursuit of this new drive for quality. It has been greatly encouraged by the support offered by health professionals and their representative organisations.

- 1.1.3 The desire to secure the highest attainable standards of care in the NHS is shared by patients, by their families and friends, and by the public at large. Consumers not only have a right to expect a high quality service but also have much to contribute to its attainment. Consumers and consumer-advocates are therefore intimately involved with the Institute's activities at all levels.
- 1.1.4 These principles have been further enhanced by the publication of national plans for the NHS in England and Wales which set out a clear programme for investment and reform. Central to these plans is the need for patients to have fair access and high standards of care wherever they live.

## **1.2 The need for national guidance**

- 1.2.1 Health professionals have widely accepted that there is an enormous information overload. Advances in clinical knowledge and understanding are now occurring so rapidly that no health professional can even read, let alone assimilate, the relevant literature. These difficulties have given rise to unacceptable variations in the standards of care and inequitable provision of care; too slow adoption of significant new advances, and continuing reliance on ineffective or outmoded treatments.
- 1.2.2 Health professionals have also been confused by the need to balance clinical with cost effectiveness. Most (albeit, in some instances, reluctantly) accept that all health care systems have finite resources and they have to provide services which offer the best value for money for the population as a whole. Few independent evaluations of individual health technologies, and even fewer clinical guidelines, have been constructed to take account of these inter-related issues. The Institute's guidance will be based on evidence of both clinical and cost effectiveness.

### 1.3 The Institute's contributions

The Institute's contributions to the NHS are in the form of guidance to health professionals and their patients on best clinical practice that will take account of both clinical and cost effectiveness and which is constructed using robust and transparent methods. Its guidance, whilst not mandatory, is expected to be taken fully into account by health professionals when exercising their clinical judgement in managing individual patients and by health service managers when allocating resources. The Institute's guidance covers, broadly, three areas: -

#### 1.3.1 *Use of individual health technologies*<sup>2</sup>

By appraising the available evidence on the clinical and cost effectiveness of new and established technologies, the Institute prepares guidance for health professionals on use within the NHS. NICE expects the implementation of this guidance to result in:-

- the more appropriate use of new and existing technologies;
- equity of access to all technologies within the service;
- the more rapid uptake of significant new advances;
- the abandonment of outmoded, inappropriate and ineffective technologies.

#### 1.3.2 *Management of individual conditions*

The Institute's guidance on the use of individual technologies has been its most visible contribution to the NHS. However its advice on the management of individual conditions, primarily in the form of "clinical guidelines"<sup>3</sup> will in the long term be an equally important contribution to promoting and maintaining the health of those living in England and Wales.

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<sup>2</sup> Health technologies subject to appraisal comprise pharmaceuticals, devices, diagnostic agents, health promotion and clinical procedures.

<sup>3</sup> Clinical guidelines are "systematically designed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances".

The primary approach will be the development, dissemination and implementation of robust and reliable clinical guidelines drawn up in partnership with the relevant professional organisations. The Institute seeks, ultimately, to provide health professionals and patients and carers with guidance on the major causes of morbidity and mortality. These will be based on evidence for both clinical *and* cost effectiveness. There is unfortunately only limited substantial national and international experience in guideline construction which also encompasses cost effectiveness.

The Institute is developing links with a wide range of professional organisations and academic centres to establish national collaborating centres to take forward the clinical guidelines work programme.

The Institute's clinical guideline programme will generate guidance in a number of forms including short form clinical guidelines, protocols, primary care guides and guidance contained within PRODIGY (a decision-support system for primary care).

### 1.3.3 *Clinical Audit*

The Institute has responsibility for promoting clinical audit which it will do in consultation with the appropriate national professional bodies. Three related strands of work will be undertaken:

**Information** – NHS staff need access to an integrated set of national resources to support local clinical audit.

**Education** – The Institute will support the proper positioning of clinical audit within the education and development programmes of NHS staff (this will help those charged with directly supporting and delivering education and development).

**Practice** – The Institute will directly support the implementation of national audits or audit tools either in areas where it has previously offered guidance to the NHS, or on topics of particular importance to the service.

In addition to this work, the Institute will be providing health professionals with simple clinical audit methods. It will do this as part its guidance on the use of individual

technologies, and in the management of individual conditions. These will enable individual health professionals, practices and specialist services, as well as trusts and primary care groups, to monitor their own adherence to the Institute's advice. Moreover, the Institute anticipates that the audit tools accompanying clinical guidelines will incorporate benchmarks to help with their own contributions to clinical governance. The Institute fully accepts, however, that initially it will often be impossible to estimate precise "benchmarks" and that it will need to work with the professions in order to improve their precision. The Institute also has responsibilities for promoting national "sentinel" audits, and "confidential enquiries", in partnership with the Royal Medical Colleges and relevant professional associations.

## 1.4 International context

- 1.4.1 The problems faced by health care professionals in England and Wales, and described in paragraph 1.2, are shared by their colleagues in all developed and developing countries. No health care professional, anywhere in the world, has successfully resolved the issue of information overload or the tensions between clinical and cost effectiveness. Health care systems display unacceptable variations in the quality of care, slow uptake of important new treatments, and continued use of outmoded ones.
- 1.4.2 Many countries are in the process of developing measures that might resolve these global difficulties. These range, at one extreme, from clinical care plans that are imposed on health professionals to (at the other end of the spectrum) exhortation to adopt "evidence-based" clinical practice. Despite the thousands of published clinical guidelines, often of uncertain provenance, very few address cost effectiveness alongside clinical effectiveness. We are not aware of another organisation, such as the Institute, established in any other country that integrates the appraisal of health technologies, the development and dissemination of clinical guidelines, and relevant methodologies for clinical audit. The experience and impact of the Institute is therefore being watched closely across the world.
- 1.4.3 The Institute has established a dialogue with organisations in Europe, North America and Australasia, which undertake health technology assessment and appraisal or the preparation of clinical guidelines. The Institute intends to develop this collaboration to ensure that it is fully informed about, and is able to contribute to, advances in appropriate methodologies.

## 1.5 Education

1.5.1 The drive to secure the highest attainable quality of care for patients must be embraced by health service professionals during their initial vocational training. The Institute intends to enter a dialogue with those institutions responsible for validating vocational training courses, as well as with those responsible for curricular planning and development, to ensure that young health professionals and managers gain an understanding of:-

- the principles, and limitations, that underlie the assessment of cost effectiveness as well as clinical effectiveness;
- the strengths and weaknesses of clinical guidelines, and approaches to their construction;
- the relevance, and methodology, of clinical audit.

1.5.2 This commitment to the quality of clinical care amongst young health professionals needs to be included in the curriculum during their postgraduate training in co-operation with organisations responsible for specialist accreditation (e.g. Royal Medical Colleges). The Institute will continue its current discussions with such bodies. In particular, the adoption of clinical audit by health professionals, as a routine component of their clinical practice, needs to be included in the training programmes of all postgraduate trainees. The Institute is encouraged by the support given to this by many organisations involved in postgraduate training. It seeks to assist both them, and those that have yet to introduce clinical audit as integral components of their postgraduate training programmes, to capitalise on the Institute's audit framework.

## 1.6 Training

1.6.1 The adoption of new health technologies, and the implementation of new or revised clinical guidelines, will often carry with it specific training needs. The Institute will, in such circumstances, include training requirements in its formal guidance to the NHS. The responsibility for such training will vary with the technology or guideline and the Institute will try to ensure that the most appropriate provider(s) is identified at the time its guidance is issued. In the case of new pharmaceuticals, the manufacturer will often be the most appropriate source of training to ensure safe use within the NHS.

## 1.7 Research

- 1.7.1 The Institute has no responsibility itself for undertaking, either directly or indirectly, primary research. Nevertheless, the Institute is heavily dependent on the work of the research community, and organisations responsible for the promotion of research (especially NHS Research & Development Directorate, the Medical Research Council, the Association of Medical Research Charities and the health care industries), in order to fulfil its responsibilities.
- 1.7.2 First, the Institute's appraisals of new and established health technologies, as well as its development of clinical guidelines will inevitably be based on the findings of the research community. The Institute will therefore continue to foster the closest relationships with those conducting such research, and those responsible for its commissioning, to ensure that its information needs are satisfied.
- 1.7.3 Second, the Institute's evaluation of the existing research database will inevitably, on occasions suggest areas where further research is needed if the use of a particular technology, or the management of a specific condition, is to be optimised. In such instances the Institute will attempt to describe the area of research need, and indicate by whom it should be conducted.
- 1.7.4 Third, the Institute relies (and will continue to rely) on collaboration with the research community in the evaluation of much of the evidence underpinning its guidance. The contributions of the NHS R&D Health Technology Assessment Programme, in particular, have been of critical value during the first two years of the Institute's operation.
- 1.7.5 Finally, the Institute will wish to ensure that its own research requirements are met. These include the need for methodological research (particularly in the field of economic evaluation of health interventions), and a robust assessment of the impact of its guidance on clinical care within the NHS. The Research and Development Committee will direct these activities.

## 2 Partnerships

### 2.1 Stakeholder analysis

2.1.1 The Institute's stakeholders are set out below:

- the patients who rely on the NHS for their care, represented through the nationally based patient advocate organisations
- NHS professions, represented as appropriate by their professional bodies
- NHS management
- other national NHS agencies
- national social care agencies
- the Department of Health and the National Assembly for Wales and their action teams and agencies
- the pharmaceutical, device, diagnostic and associated industries
- the Institute's Partners Council
- the Citizen's Council

### **2.1.2 Patients and their carers**

The Institute exists for patients and those who care for them. The purpose of the guidance which we produce is to help NHS professionals provide the best care for those who rely on the NHS. They will expect, and we have committed ourselves to ensuring, that the voice of patients appropriately influences our work. Our stakeholders will reflect, in their different ways, what patients expect from us. Professional organisations will be asked to help focus and represent the views of patients in formulating our guidance. Patient groups generally have expressed a desire to work with the Institute. They want to be closely involved in the processes involved in our technology appraisal and guidelines authoring programmes and they want this involvement to be meaningful. Some of these organisations have expressed the view that the Institute must prove itself genuine in its desire to work with patient groups. We understand the reasons for this. NICE is a new organisation and much of what we are doing and the way we are doing it has not been attempted before. We need to explore together first how to define the unique contribution of patient advocates, in our work and then how best to integrate it into the Institute's work.

### **2.1.3 NHS professions**

We recognise that without effective implementation, our guidance will stand little chance of influencing the standard of care offered by the NHS. A positive relationship with NHS professions and those organisations which represent them is therefore essential, both in the formulation of our guidance and in its application. We have a number of different relationships with these organisations. As with all our stakeholders, their support for the concept of NICE is vital. They can and do act as important advocates for us. In addition, they provide from amongst their membership individuals who give their time generously by joining the advisory groups which form the core of our guidance authoring processes. They comment on emerging guidelines and they help disseminate what we produce. The Institute has now framed its relationship with national professional organisations through a set of 6 collaborating centres. The Institute will commission these centres to develop clinical guidelines that are evidence-based, both clinically and cost effectively and developed by multi-disciplinary groups involving patients and their carers.

### **2.1.4 NHS management**

As with other NHS professionals, we rely on NHS managers to help develop and implement our guidance. They contribute a particular expertise, informed by their responsibility to organise the delivery of services in what is recognised to be a very complex environment. They are looking to us to produce clear, well-presented, implementable guidance. They will want to know that there are systems in place for involving the health authorities, PCGs/PCTs and LHGs, and trusts, in the development of the Institute's agenda.

### **2.1.5 Other national organisations**

There are a number of new and existing agencies which together work to support health professionals and managers in providing modern, effective care. We intend to work with them and their equivalent where they exist in the NHS in Wales in order:

- to help achieve our own objectives and in particular, to secure the effective dissemination and implementation of our guidance;
- to create and operate formal links with other national NHS agencies;
- to support the activities of other national NHS organisations;
- to help maximise the total contribution of those NHS agencies involved in improving the quality of care offered to patients using the NHS in England and Wales. The national organisations with which the Institute intends to work closely are:
  - NHS Modernisation Agency in England
  - Commission for Health Improvement
  - NHS Research and Development Programme/Welsh Office of Research and Development

- Department of Health Clinical Governance Support Team/Welsh Clinical Effectiveness Support Unit
- NHS Information Authority/Welsh Health IM&T Division
- NHS Litigation Authority/All Wales Risk Pool
- National Electronic Library for Health
- Health Development Agency/Welsh Health Promotion Division
- Audit Commission
- Medicines Control Agency
- Medical Devices Agency

The Institute is working with these agencies to establish collaborative arrangements for future work.

### **2.1.6 Social care**

Both national NHS plans clearly set out the need for the health service to work in close collaboration with social care agencies. The development of new care trusts will introduce a new organisation with responsibility for both health and social care. The Institute will respond to these developments by ensuring that its guidance continues to be relevant in this new environment and by working in co-operation with the relevant national social care agencies, for example, the proposed Social Care Institute for Excellence.

### **2.1.7 Department of Health / National Assembly for Wales**

The Institute is accountable, jointly, to the Secretary of State for Health and the National Assembly for Wales. The Department of Health and the Assembly monitor the Institute's performance against the objectives set out in the annual business plan, including our work programme. In this respect, they act on behalf of all our stakeholders. They expect high standards of business conduct and they require the Institute to operate efficiently and responsively.

### **2.1.8 The industries**

Our relationship with the industries whose products are the subject of our guidance has been the subject of considerable scrutiny and speculation. The Institute is described, variously, as a challenge, a threat and an opportunity to manufacturers. We rely on industry associations to help develop our systems, to ensure transparency and fairness and to inform our technology appraisals and clinical guidelines. They, like our other stakeholders, will expect us to operate efficiently and responsively. They will expect us to recognise the substantial investment they put into developing their products and to be sensitive to the impact that our work has on their business.

### **2.1.9 The Partners Council**

The Institute's Partners Council is a rich source of advice both from individual members and as a group. It has responsibility for reviewing the Annual Report but its meetings allow the Institute's staff to expose important and sometimes sensitive issues to an informed and critical audience.

### **2.1.10 The Citizens Council**

The NHS Plan for England announced that a new Citizens Council would be established to advise the Institute and to complement the work of the Partners Council. The Institute is exploring with the Department of Health a number of options for the development of the Council, which will be piloted from 2001 onwards.

## 2.2 Communication

2.2.1 The Institute recognises that to be successful it must ensure that:

- corporate communications activity is timely and effective - ensuring that key stakeholders understand the Institute's purpose, tasks and methods, can engage appropriately with the Institute and that their expectations are appropriately managed and the products<sup>4</sup> of the Institute's work are made available to those who need them at the time of their decision-making.

2.2.2 The communications function is focused on ensuring the optimal balance between corporate communications and the effective dissemination of the Institute's products. It will do so by ensuring that:

- in its communications, the Institute complies with relevant guidance from the Department of Health and the National Assembly for Wales and works within appropriate legal frameworks;
- the corporate objectives of the Institute and its position within the NHS family are disseminated in such a way that our stakeholders find them accessible and can understand them;
- the products of Institute's work are available to those who need them, when they need them, to inform the decision making process;
- the Institute engages with key stakeholders at all stages of its work.
- the Institute makes best use of appropriate media for communications with particular reference to effective use of existing and emerging technology for communication and dissemination;

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<sup>4</sup> Products can be categorized as 1) Corporate information / publications 2) Technology Appraisal Guidance, 3) Clinical Guidelines, 4) Referral Advice 5) Promotion of National Audit.

- the Institute understands the role of other organisations in communicating with stakeholder groups and works with them to provide a cohesive package of information for stakeholders;
- the Institute has effective methods for evaluating its communications activities and undertaking follow-up action as required;
- the strategy reflects the diversity of expectations, the levels of understanding about our work, awareness and access to technology and communications media, of all stakeholders.

2.2.3 The Institute recognises the importance of electronic communications media in the future plans of the NHS. The Institute's web site provides extensive information about its work programmes and incorporates a number of facilities such as integrated searching and e-mail updates. The Institute intends to develop a publication strategy leading away from the current paper based dissemination of its guidance.

2.2.4 The Institute now has significant experience in producing technology appraisals and continues to update its processes in response to feed back from stakeholders. Early in 2001, the Institute will publish its first set of guidelines from the programme inherited from the Department of Health and will commission the production of new guidelines from the national collaborating centres. These developments will provide valuable learning opportunities for the Institute.

2.2.5 The dissemination of guidance remains a high priority for the Institute. Research will be undertaken to assess the most effective means of dissemination and the results of this research will be incorporated in a new communication strategy for the Institute.

## 3 Objectives and programmes

**3.1** We have identified a set of characteristics, structured under a series of headings and statements, which describe our objectives for the Institute and our relationships with those with whom we work, as we would like them to be in 2004. They are described below in terms of outputs.

### **3.2 Key stakeholders**

These are the organisations, described in section 2.1, which will influence our contribution to the NHS and with which we will need to maintain positive working relationships. We will aim to ensure that:

- 3.2.1 arrangements remain in place to enable stakeholders to influence the Institute's guidance;
- 3.2.2 stakeholders have confidence in the processes for producing guidance and in the quality and consistency of the guidance;
- 3.2.3 stakeholders consider that the Institute's guidance is being effectively presented and disseminated;
- 3.2.4 arrangements are in place to periodically assess the views of stakeholders on the Institute's performance;
- 3.2.5 there is a clear understanding of the Institute's role and contribution;
- 3.2.6 there is effective collaboration with other organisations working to improve standards of clinical practice in the NHS.

### 3.3 Research and development

The Institute will continue to contribute to methodological research in the three principal areas of its work: clinical guidelines, technology appraisals and clinical audit. Although we will not generally be a source of funding for such work we will commission, selectively, studies that will have a direct impact on our activities which we will want to publish. In addition to methodological research, we will commission research on the impact of our guidance in the NHS. In all of this, we will work closely with the NHS Research and Development Programme. We will aim to ensure that:

- 3.3.1 the Institute has a clearly defined set of research interests, centred on the methodologies underpinning the development of guidance, its effective dissemination and assessments of its impact;
- 3.3.2 research consists of both projects undertaken by staff in the Institute and projects commissioned from other organisations;
- 3.3.3 the results of this research are given practical effect through changes to the Institute's programmes and processes;
- 3.3.4 the Institute is collaborating with international partners.

### 3.4 Education

We will take the opportunity to promote the value of evidence-based practice – as well as our individual guidance topics – at the appropriate stages in the training of health professionals, including service managers. We also consider that it is appropriate for the Institute to contribute to the public's understanding of the place of guidelines and associated material in modern clinical practice. We will aim to ensure that:

- 3.4.1 the Institute engages with curriculum designers to influence undergraduate and basic training programmes in the use of evidence in clinical practice, the value of clinical audit and the use and construction of clinical guidelines;

- 3.4.2 the Institute is engaging with accreditation bodies to incorporate the use of its guidance into continuing professional education;
- 3.4.3 we use the media intelligently to disseminate guidance and information about effective practice;
- 3.4.4 we exploit the potential of the web site to the full;
- 3.4.5 our publications are seen as the gold standard in patient literature;
- 3.4.6 we establish the regular publication of a compilation of our guidance for health professionals.

### **3.5 Promotion of Clinical Audit**

The NHS invests in the promotion of clinical audit at both a national and a local level. The Institute has a role in both. Nationally, we will work with professional organisations to educate and inform. This will produce information to support effective clinical practice on a multidisciplinary basis. Locally we will provide tools for clinicians and managers for using audit information as part of their clinical governance arrangements. We will aim to ensure that:

- 3.5.1 our funding for national professional organisations is based on themed programmes, linked to NHS priorities and the National Service Frameworks, invested through the Institute's collaborating centres;
- 3.5.2 this funding recognises the need for strategic partnerships;
- 3.5.3 the programmes stimulate joint working between professional groups and between professional and academic groups;
- 3.5.4 our programmes are open to influence by professional bodies;
- 3.5.5 funding has clear outputs coupled with effective dissemination and impact assessment plans.

### 3.6 Technology Appraisals

Technology appraisals will continue to form a major part of the Institute's work. By 2004, the Institute will be approaching a steady state position in which there exists a dynamic pool of over 100 guidance documents on topics of current concern to the NHS, each of which is supported by an up-to-date technology assessment. We will aim to ensure that:

- 3.6.1 we play a major role in consulting on and formulating our programme of appraisals, recommending lists of technologies to the Department of Health and the National Assembly for Wales;
- 3.6.2 we maintain a pool of around a hundred sets of current guidance with technologies which have been assimilated into stable patterns of practice moved into the Institute's "static guidance list";
- 3.6.3 reviews of guidance are managed in partnership with academic organisations;
- 3.6.4 our programme shows evidence of methodological collaboration with international partners;
- 3.6.5 the appraisal agenda is integrated with other work programmes and with the National Service Frameworks;
- 3.6.6 there is effective collaboration with the work of the Health Technology Board for Scotland.

### 3.7 Clinical Guidelines (including Primary Care Guides)

We intend that our clinical guidelines (including primary care guides) and their associated information packages will become the references of first choice for health professionals and patients. We want to be seen as a source of information which can be relied on to offer practical, high quality, guidance in an accessible format. We will aim to ensure that:

- 3.7.1 our guidelines are regarded as the gold standard for the NHS and used as a first reference by health professionals and patients;

- 3.7.2 there is a single stream of guidelines, regardless of the source material;
- 3.7.3 the process for producing the guidelines has the confidence of health professionals, patient advocates and the industries;
- 3.7.4 our guidelines are seen to be current and are reviewed formally at specified intervals;
- 3.7.5 we have intelligent dissemination strategies, including the use of electronic media and links with medical publishers, which result in widespread knowledge of and use of the guidelines;
- 3.7.6 our guidelines agenda is integrated with other work programmes and the National Service Frameworks;
- 3.7.7 we collaborate with international partners in developing authoring and quality controlling methodologies in guidelines construction.

### **3.8 PRODIGY**

The Institute has responsibility for authoring the guidance, which is delivered to primary health care professionals through the PRODIGY decision support system. PRODIGY is an important means of disseminating the Institute's guidance and we will be working closely with the team responsible for converting clinical guidelines into the electronic format required by the system, as the system develops in order to meet the needs of its users. We will:

- 3.8.1 work with the authoring team to ensure that new guidance authored for Version 2 is consistent with the Institute's principles of transparency and inclusiveness;
- 3.8.2 fund the maintenance of the existing, pre-NICE guidance in the system in order to maintain the system's viability;
- 3.8.3 work with the Department of Health and the National Assembly for Wales to generate support for the wider, regular use of the system, as the volume of Institute guidance grows.

### 3.9 Confidential Enquiries

With funding responsibility for the Confidential Enquiries, the Institute has the opportunity to work with the managing teams to help further develop the quality and impact of their advice. Building on the findings of the review undertaken on the Institute's behalf in 2000, we will:

- 3.9.1 Establish an operating partnership with the enquiry teams in order to secure best value for the funds which the Institute is investing in their work;
- 3.9.2 Establish a mechanism for reviewing the scope of the enquiries and the methodologies, which they employ; determine, with the Department of Health and the National Assembly for Wales, the status of the Enquiries' advice as NICE-funded activity.

### 3.10 Dissemination

- 3.10.1 The Institute recognises that to be successful the products of its work must be available to those who need them, when they need them, to inform the decision making process. The Institute terms this 'dissemination' and this is a key part of the Institute's communications function.
- 3.10.2 Within available resources, the Institute aims to develop and deliver tailored dissemination plans for each of its individual products. This recognises that there will be a core stakeholder group who receive information on every product the Institute produces and a 'product specific' group of stakeholders who have a personal or professional interest in the specific technology or guideline.
- 3.10.3 We will work closely with the NHS, our partner organisations, key stakeholders, general and specialist media and where appropriate, the pharmaceutical and device industries to get our guidance to its intended audiences. We also aim to understand the role of existing communication routes and the responsibilities of other organisations in communicating with stakeholder groups and are working with them to provide a cohesive package of information for all stakeholders.

3.10.4 We recognise the growing importance of web technology in communications and are developing our capability to ensure that this route is core to our dissemination strategy. However we also recognise that not all stakeholder groups have access to this technology at present. We will therefore review current commitments and budgets to ensure that we deliver appropriate information to this group. We have committed ourselves to several projects to facilitate this work, including patient focused text, and the production of a compilation of our work that will be circulated to health professionals, in England and Wales. The Institute is a major collaborator with the National Electronic Library for Health, which will carry its guidance.

3.10.5 All of this will ensure that:

- the Institute has secured sufficient resources to communicate / disseminate its purpose and its products effectively;
- there is a well developed partnership with the media, stakeholder groups, and other organisations to secure appropriate dissemination of guidance;
- sound working relationships have been developed with the industries, the professions and patient / carer groups giving good two-way communication and guidance dissemination routes;
- in its dissemination activities, the Institute complies with relevant guidance from the Department of Health and the National Assembly for Wales; and works within appropriate legal frameworks;
- the use of the web site is regarded as core to communications, both inside and outside the NHS.

### 3.11 Organisation

3.11.1 The Institute's organisation needs to keep pace with both the nature and the volume of its work and the way in which we develop our guidance. Our initial approach to our work has been to keep our overheads low, commissioning as much work as possible from organisations inside and outside the NHS, which have the experience and capacity to undertake it. We will aim to ensure that:

- partnership working allows the organisation to remain focused on agenda setting, commissioning, technical support, quality control and dissemination;
- the Institute's establishment keeps pace with its expanding workload;
- the organisation's culture enables and encourages team working and continuous learning;
- the Institute operates a transparent and consultative style of working which encourages constructive criticism of its methods;
- we have the capacity to handle an increasing volume of enquiries from health professionals and the public;
- opportunities exist for fellowships and other fixed term involvement by stakeholders in the Institute.
- An annual efficiency gain is generated by the Institute absorbing the effect of inflation.

### **3.12 International links**

3.12.1 The Institute is one of a growing number of national and regional organisations undertaking health technology assessments (HTA) and appraisals, and developing clinical guidelines. We believe that we have a contribution to make to the development of the methodologies which underpin this work and we are aware that we can learn from the experience of these other bodies. We will aim to ensure that:

- the Institute works with colleague organisations to help standardise HTA and guidelines methodologies;
- the Institute's annual conference is enhanced with international perspectives;
- the results of systematic reviews are shared internationally;
- we display an understanding of our international impact.

### **3.13 Annual programmes**

3.13.1 Our programmes for the next three years will reflect national priorities for the NHS in England and Wales.

3.13.2 The Department of Health's and, separately the National Assembly for Wales National Service Framework (NSF) programme includes Mental Health 1999 (Wales' Mental Health NSF in 2001) Coronary Heart Disease (Wales' CHD NSF to be published in 2001) Older People, due to be published in 2001 (England and Wales versions) and Diabetes due in 2001 (England and Wales versions). Usually there will be only one new NSF each year. These NSFs will be accompanied by information strategies. The Institute will support the implementation of these frameworks by populating them with technology appraisals, clinical guidelines and audit advice.

3.13.3 In presenting our programme of work, we will describe what we do in terms that will be familiar to patients and to health professionals. These clinical themes will enable us to organise our work into coherent packages, which will relate directly to the priorities that have been set for the NHS. The clinical themes we will be using are as follows:

- Cardiovascular
- Endocrine
- ENT
- Eye
- Gastrointestinal
- Immunological vaccines and products
- Infections / infectious diseases
- Malignant disease and immunosuppression
- Mental health / central nervous system
- Musculo-skeletal and joint
- Obstetrics, gynaecology and urinary tract
- Oral and maxillo-facial
- Respiratory systems
- Skin / wounds

This categorisation will also be used in the compilations of our work.

The key elements in our plans for the next three years, together with *outcome measures*, are set out below (the strategic objectives to which they relate are shown in brackets by reference to the paragraphs above):

### **April 2001 to March 2002**

- Technology appraisal process at capacity (3.6)
  - *22 appraisals in total completed by the end of the year*
  - *First 3 reviews undertaken*
  - *New process and methodology guidance produced.*
  
- Clinical guidelines and audit programmes accelerate (3.7)
  - *2 single and 1 composite inherited (commissioned prior to April 1999) guidelines published*
  - *2 cancer service guidelines published*
  - *A minimum of 9 new guidelines commissioned*
  - *2 national audits published*
  - *Primary care guides published*
  - *Implementation model established*
  - *New management structure established and implemented to support expanded work programme*
  
- Collaborating Centres fully established (3.7)
  - *Centres operating and outputs fully integrated into NHS priorities and Institute agenda*
  
- Dissemination methods reviewed (3.10)
  - *Research commissioned and completed to identify most appropriate dissemination methods*
  - *Recommendations arising from review implemented*
  
- Output delivered in clinical theme packages (3.10)
  - *Single Institute work programme framed around clinical themes*
  
- Confidential Enquiries review report actioned (3.9)
  - *Proposed changes implemented*

- Efficiency gain demonstrated (3.11)
  - *Inflation costs absorbed*

### **April 2002 to March 2003**

- Technology appraisal process reaches maturity (3.6)
  - *Up to 35 new appraisals completed*
  - *Around 14 reviews undertaken*
- Clinical guidelines and audit programmes fully utilises current capacity (3.7)
  - *Up to 12 guidelines and audits published*
  - *Up to 15 guidelines and national audits commissioned*
- Institute guidance used as first reference by clinicians and public (3.4)
  - *Implementation and impact research*
- The Institute is a world leader in health technology assessment (HTA) and guidelines authoring (3.12)
  - *Presence at international meetings*
  - *References to Institute guidance internationally*
- Collaborating Centres fully mature (3.7)
  - *Networks incorporate academic centres*
- Dissemination and implementation arrangements reviewed (3.10)
  - *Web access used as principal NHS dissemination route*
- Institute co-ordinates outcomes indicators work (3.5)
  - *Indicators work embedded in Institute work programme*
- Efficiency gain demonstrated (3.11)
  - *2002/2003 inflation absorbed*

- Impact research reports (3.2)
  - *Research published*
  - *Action plan developed and implemented*
- Organisation Development (3.11)
  - *Institute achieves Investor in People award*

#### **April 2003 to March 2004**

- Technology appraisal programme produces: (3.6)
  - *Up to 35 new appraisals completed*
  - *Around 20 reviews undertaken*
- Clinical guidelines and audit programmes produce: (3.7)
  - *Up to 15 guidelines and audits published*
  - *Up to 18 guidelines and national audits commissioned*
- Primary Care Guides (3.7)
  - *Developed in conjunction with clinical guidelines*
- Confidential Enquiries (3.9)
  - *NHS survey establishes the extent and nature of the impact of Enquiry reports*
- Efficiency gain demonstrated (3.11)
  - *2003/2004 inflation absorbed*

## 4 Resources and organisation

- 4.1 The Institute's initial funding is based upon the previous year's allocation, incorporating pre-existing allocations for clinical guidelines and effective practice contracts and new allocations for technology appraisals and the costs of the Institute.
- 4.2 Our assumptions for funding for the three years covered by this corporate plan are cautious. The Business Plan for 2001/2002, is based on a recurring allocation of £10,575,000, uplifted by £2,500,000 additional funding to cover the cost of the Institute's expanding work programme. The additional funding will largely be used to support the technology and clinical guidelines programmes and the increased dissemination costs.
- 4.3 It is difficult to make any assumptions for future financial years beyond an expectation of steady state, with the Institute absorbing inflation on its pay and non pay budgets as an efficiency gain.
- 4.4 The Institute has a unique purpose and the organisation has been designed specifically to deliver it. Our approach developed in the first year of operation is based on the following principles and will be maintained:
- 4.4.1 **out-sourcing** corporate services and activities associated with our work programme, where this can be demonstrated as being the most efficient method of operating;
  - 4.4.2 **multi-tasking** as a means of making the most out of what is a highly motivated and well qualified work force;
  - 4.4.3 **team working** to promote innovation and efficient working and as an aid to internal communication and joint learning;
  - 4.4.4 **managed informality**: as a small organisation, the Institute has developed a hierarchy to maintain its focus and to deliver its work programmes. Our size will allow us to operate with a degree of managed informality, as a way of providing an attractive and supportive working environment;

- 4.4.5 **commitment to purpose** is expected from all employees, and manifests itself in a desire to get the job done to the highest possible standard.
- 4.5 The Institute's establishment in 2001/2002 will be 38 full time equivalents. This represents an increase from the establishment in 2000/2001 and will support the expansion of the Institute's work programme and responsibilities.
- 4.6 It is not expected that the Institute's establishment will increase significantly beyond 38 posts and our estimated size by the end of the planning period is 40 posts.

## 5 Future direction

The Institute's short and medium-term goals, as well as the broad strategy it has derived to meet them, are contained within this corporate plan. There are, however, a number of areas in which the Institute might at some future date make important contributions.

### 5.1 Extending the Appraisal Programme

5.1.1 The Institute's appraisal agenda excludes immunisation and screening. The Joint Committee on Vaccination & Immunisation (JCVI) currently provides the Department of Health with advice on immunisation policy and practice. The Institute would wish to make available the expertise it has accumulated to support the vaccination and immunisation programme.

5.1.2 Advice on screening is currently provided, for the UK, by the National Screening Committee (NSC). In its review of new and established screening programmes, the NSC inevitably takes into account the validity, sensitivity and specificity of the particular technique; its potential (or predicted) impact on the disease in question; and its cost-effectiveness. These are, of course, matters with which the Institute in its appraisal of technologies generally is also concerned, particularly in its appraisal of diagnostic technologies. A study has been commissioned on the formal relationship between the NSC and NICE in the development and dissemination of advice on screening policy and practice.

### 5.2 Extending the Clinical Guidelines Programme

5.2.1 The Institute's role in developing and disseminating clinical guidelines, together with its responsibilities for the authorship of PRODIGY guidance, needs to be consistent with other clinical advice provided by the NHS. In particular, there is an obvious need for the Institute's clinical guidelines to be fully compatible with that provided by NHS Direct and NHS Direct Online. The Institute has already established informal contacts with some of those responsible for NHS Direct. Whilst the Institute does not wish to

be involved with managing the service, it seeks close interaction with those responsible for authoring the content of NHS Direct's advice. In due course there may be merit for us to take responsibility for this work.

5.2.2 Our responsibilities in the field of guideline development and dissemination are strictly confined to the NHS. There may, at some future date, be merit in extending our responsibilities to other areas where public funds are used to promote or maintain health. These include the specific (as opposed to the more general) needs of:-

- The Defence Medical Service
- The Prison Medical Service
- Occupational Health Services

All these have close interaction with the NHS but each has special problems that require individual consideration. The Institute would welcome the opportunity to be able to contribute to these areas.

5.2.3 The Institute is aware that the private health sector is interested in adopting, where appropriate, its guidance. Although our advice is intended for health professionals working within the NHS, it welcomes any use that may be made of its guidance by the private sector. In particular, where services are provided for NHS patients in the private sector, the Institute's guidance should be fully taken into account by the commissioners and providers of the service.

### **5.3 Clinical indicators and outcomes**

5.3.1 The Institute is charged with developing and promoting clinical audit methods that support its guidance on the use of individual technologies and the management of specific conditions. These methods will, in the main, be concerned with "process" rather than "outcomes". The reasons are threefold. First, information about the process of care is more generally accessible and robust than data concerning outcomes. Second, even with relatively common conditions, adverse outcomes are often sufficiently uncommon as to make individual practitioner's performance impossible to evaluate. Third, provided

that the clinical audit methodology is based on valid and reliable process measures these can act as surrogates for outcomes.

5.3.2 Nevertheless, clinical audit should encompass outcomes at least as far as NHS trusts, primary care trusts, and primary care groups and local health groups are concerned. The development of clinical indicators and health outcome measures is the responsibility of the Department of Health in England and the National Assembly for Wales. Many of these indicators are commissioned from the National Centre for Health Outcomes Development (NCHOD) based in London and Oxford. It is important, therefore, that the Institute interacts closely with these existing organisations and groups and at some future date it may seek to secure a closer relationship.

## **5.4 Scotland**

5.4.1 The Institute is responsible for offering guidance to health professionals in England and Wales. Separate arrangements have been made by the Scottish Parliament, for health professionals in Scotland relative to their own traditions, needs, priorities and problems. Nevertheless, the Institute will work closely with its counterparts in Scotland (the Health Technology Board for Scotland and the Scottish Intercollegiate Guideline Network) in order to achieve a common approach, sharing of methodologies, and co-operation in both technology appraisal and guideline construction.

## **5.5 Northern Ireland**

5.5.1 The Institute's responsibilities extend to England and Wales and separate arrangements have been made in Scotland (as discussed above). At the present time however, the role (if any) that the Institute might play in Northern Ireland is uncertain and is awaiting a decision by the Executive. The Institute, itself, wishes to assist health professionals in Northern Ireland by whatever means is most appropriate, and will continue constructive dialogue with the Department of Health & Social Services and with representatives of the profession.

**National Institute for Clinical Excellence**

**April 2001**