

NICE Charter 2018

Who we are and what we do

1. The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing evidence-based guidance on health and social care. NICE guidance, standards and other resources help health, public health and social care professionals deliver the best possible care within the resources available.
2. NICE is at the heart of the health and social care system. We work closely with local and national organisations including NHS England, the Care Quality Commission, Public Health England, NHS Improvement, and Health Education England. Together we encourage and support a quality- and safety-focused approach, in which commissioners and providers use NICE guidance and other NICE-accredited sources to improve outcomes.
3. NICE guidelines make evidence-based recommendations on a wide range of topics in health, public health and social care. Our guidelines recommend the most effective ways to: prevent and manage specific conditions; to improve health and manage medicines in different settings; to provide social care to adults and children; to plan services and interventions to improve the health of communities; and to provide integrated health and social care services that meet the needs of patients and people who use services.
4. Our recommendations about the use of new medicines, medical technologies and diagnostics identify the most clinically- and cost-effective treatments available. We work openly and transparently with the pharmaceutical and medical technology industries to evaluate their products, facilitating access to the NHS market for those products which are found to offer the best value for patients, and making a clear case for their adoption in the NHS. We also prepare advice on new health technologies in Medtech Innovation Briefings.
5. NICE quality standards are a key component of the drive to develop an outcomes-based approach to improving quality and consistency of care. They identify priority areas for quality improvement, and contain a set of statements and measures to enable organisations to assess the quality of care they are providing or commissioning.
6. Our quality standards, along with other NICE products, underpin the menu of indicators that NICE produces each year. NICE Indicators are used nationally and locally to help the NHS to measure the delivery of safe, effective, and cost-effective care and services. NICE indicators measure the quality of care a person receives and the impact it has on their health – and they focus on where

improvements can be made. The NICE indicator menu comprises both indicators for Clinical Commissioning Groups and indicators for general practice.

7. Our support for organisations committed to improving the quality of care is accompanied by a responsibility to ensure careful and targeted use of finite resources. NICE enables the NHS, local government and social care providers make the best use of resources by setting out the case for investment and disinvestment through our guidance programmes and other advice. Our position is to work with system partners to realise the benefits of appropriate care and spending on the right things. This includes identifying specific recommendations that can save money, to enable conversations at a patient and population level on appropriate treatments and interventions.
8. All of our guidance, quality standards and other advice products are independent and authoritative. They are based on the best available evidence and set out the best ways to prevent, diagnose and treat disease and ill health, promote healthy living, and care for vulnerable people.
9. We are committed to an environmentally sustainable health and care system. We continue to seek ways to support commissioners and providers to assess and reduce the environmental impact of implementing NICE's recommendations.
10. Our guidance, advice and quality standards are made available in a variety of formats to ensure they are easily accessible to users through the NICE website and NICE Pathways.
11. Our online NICE Evidence service provides a portal for easy access to evidence, accredited guidance and other products in health and social care. We commission evidence-based resources such as the British National Formulary on behalf of the health service, which can be accessed digitally from NICE Evidence via the NICE website.
12. Our guidance and other products are for the NHS, local authorities, social care organisations, charities and anyone with a responsibility for commissioning or providing healthcare, public health or social care services. Following our recommendations can help these organisations to reduce variations in practice across the country.
13. NICE is committed to operating within the budget available to us through securing income opportunities, finding cost improvements and by effectively managing our resources.

How we work

14. We are internationally recognised for the rigorous processes we use to produce our recommendations and for the quality and accuracy of our products. All NICE guidance, quality standards and other products are developed to a high standard, as close as possible to the point at which it is needed, in accordance with a set of core principles that underpin all of our work:

Evidence

15. All NICE recommendations are based on the best available evidence of what works, in terms of the broad balance between the benefits and costs of the provision of care services or of social care in England. We conduct and commission comprehensive reviews, drawing on published literature, to ensure that our advice is based on the most up-to-date evidence available.

Expert input

16. Every piece of NICE guidance and every quality standard is developed by an independent committee of experts, which includes lay members and representatives from clinical practice, public health, social care and where appropriate, from industry.

Public involvement

17. All of our committees include at least two lay members: patients, carers, service users or the general public. The expertise, insight and input of these lay members is essential to the development of all NICE guidance and advice, and helps us to make sure that our work reflects the needs and priorities of those who will be affected by them.

Independence, genuine consultation and transparency

18. All NICE committees are independent and unbiased. Once a topic has been referred to us by the Department of Health and Social Care, or NHS England, neither organisation has any more influence over the final guidance than any other stakeholder. All of our guidance, quality standards and other products are developed independently of government influence. We have a consultation process, which allows individuals, patient groups, professional and statutory bodies, commissioners, charities and industry to comment on our recommendations throughout the development of our guidance and quality standards. We also have a formal appeal process for final recommendations in our technology appraisals and highly specialised technologies guidance.

Review

19. Once published, all NICE guidance is regularly considered for review, and updated in light of new evidence, if necessary.

Methodological developments

20. Our independent advisory committees use a wealth of scientific methodology to help underpin and inform their decisions and recommendations. This includes internationally recognised scientific methods for evaluating and comparing the benefits and costs of different forms of practice.
21. Our independent advisory committees typically assess value for money by calculating the additional 'Quality Adjusted Life Years' (QALYs) that new treatments and other health technologies offer compared to standard practice. QALYs show the benefits that a treatment provides in terms of length of life, and quality of life, over the life of the patient. They are calculated by estimating the number of years a new treatment will provide benefit and, using fractions of a scale of 0-1, what change in quality of life it will provide.

QALYs rely on quality of life measures used in clinical trials or from other sources which assess things like how well patients can carry out the activities of daily life with and without the treatment, and how the treatment will affect their pain levels and mental wellbeing.

The number of extra QALYs a new treatment brings is then set against the cost of the new treatment to get a 'cost per QALY.' We usually recommend new treatments up to £20,000 per QALY but in special cases we can recommend up to £30,000 per QALY – and for treatments that extend life at the end of life, we can go as high as £50,000 per QALY.

Where it concerns a technology that is selected for our highly specialised technologies programme, we apply a starting point of £100,000 per QALY and can go up to £300,000 per QALY, depending on the level of additional gain in QALYs achieved by the technology versus the comparator.

22. The science that the committees use when making their recommendations is constantly evolving. To make sure that NICE stays at the forefront of this challenging field, our Science Policy and Research team oversees a range of research activities that are undertaken across NICE to ensure that our processes, methods and policies remain up-to-date and fit for purpose.

How we involve people

23. All of our guidance, quality standards, and other products are developed taking into account the opinions and views of the people who will be affected by them, including patients, carers and members of the public, as well as health and social care professionals, NHS organisations, industry, social care businesses and local government.
24. Our consultation process allows a range of individuals and organisations to comment on our recommendations throughout the development of our

guidance and quality standards. Our guidance is created by independent and unbiased advisory committees that include a diverse range of experts from surgeons and midwives, to health economists and social workers, as well as patients or carers or other members of the public.

25. In the case of our technology appraisals and highly specialised technologies guidance, in which we make recommendations about the use of new drugs and technologies within the NHS, we work with manufacturers to ensure that evidence they submit on the effectiveness of their products is the most appropriate to enable an evaluation to be undertaken.
26. We value the input of patients, carers and the general public in the development of our guidance and other products. By involving the people for whom the guidance will be relevant, we put the needs and preferences of patients and the public at the heart of our work. Our Public Involvement Programme supports individual patients, carers and members of the public, as well as voluntary, charitable and community organisations involved with NICE's work.

Working with the healthcare industries

27. Much of what NICE does has an impact on the healthcare industries that supply the NHS. We are very conscious of the responsibility we carry when we advise the NHS on the use of health technologies and we know that what we say about new technologies is often taken into account in health systems elsewhere in the world. For these reasons we regard the relationship we have with industry and individual companies as having equal importance with our other stakeholders and we will continue to work with the industry associations and companies in this country and abroad to build mutual respect and trust.
28. NICE digital services hosts *UK Pharmascan*, a horizon scanning database for information on new medicines in development which can be accessed by national horizon scanning organisations to support NHS budget and service planning to enable the faster uptake of new medicines across the NHS.
29. HealthTech Connect is also hosted by NICE and provides a service to companies NHS England and the Academic Health Science Networks by allowing emerging medical device, diagnostic and digital products to be identified for NICE outputs or NHS England commissioning policies.
30. The NICE Office for Market Access (OMA) works with drugs, devices and diagnostics companies on a fee-for-service basis. OMA gives any commercial stakeholders access to a dedicated team at NICE, offering tailored support to help them optimise their products' journey through NICE and the rest of the pathway to market.

31. The Accelerated Access Collaborative (AAC) Secretariat is hosted by NICE and operates on behalf of the Office for Life Sciences. The AAC is a unique partnership that brings together key partners from healthcare landscape organisations and industry to deliver the world-leading innovations that will transform patient outcomes. The AAC has two core objectives: for the NHS to be one of the most pro-innovation healthcare systems in the world, and for it to be seen as such by patients and industry; and for innovation to be delivered at a price that industry and the NHS think is affordable and fair.
32. Our fee-for-service Scientific Advice programme allows life sciences companies to better prepare to present their case for adoption of their products in the event that they need to engage in one of our evaluative programmes.
33. We operate the Patient Access Scheme Liaison Unit (PASLU) to review and evaluate proposed Patient Access Schemes that pharmaceutical manufacturers plan to submit to NHS England. Patient Access Schemes involve innovative pricing agreements designed to improve cost effectiveness and facilitate patient access to specific drugs or technologies. PASLU advises NHS England on the feasibility of proposed Patient Access Schemes.
34. We work in partnership with NHS England to operate the Cancer Drugs Fund. The Fund provides a fast-track route for access to the most promising cancer treatments even when there is significant clinical uncertainty. It also allows speedier access to clinically- and cost-effective treatments that have been recommended by NICE, with treatments becoming available within the NHS before the NICE appraisal is completed.

How our guidance is used

35. Different types of NICE guidance have a different status within the NHS, public health and social care. Our technology appraisals and highly specialised technologies guidance are unique because the NHS in England is legally obliged to fund and resource medicines and treatments recommended through our technology appraisal programme. The legal status of these programmes is reinforced in the NHS Constitution, which states that patients have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if the the doctor responsible for the patient's care says they are clinically appropriate.
36. None of our other guidance and products is subject to the same legal obligations as our technology appraisals and highly specialised technologies guidance. Nevertheless, health and social care professionals are actively encouraged to follow our recommendations to help them deliver the highest quality care. Of course, our recommendations are not intended to replace the

professional expertise and clinical judgement of health professionals, as they discuss treatment options with their patients.

37. We are aware that NICE guidance sometimes recommends changes in practice which the NHS, local government and social care providers may find difficult to implement, especially when faced with limited resources and differing local budget priorities. We work with partners at a national level to help local organisations by providing a programme of implementation support to put our guidance into practice locally.
38. Our guidance is relevant to charities, voluntary and community organisations, residential care homes, private sector employers, patients, carers, service users and the public as well as the NHS and local government. We do our best to provide support for all these groups to put our recommendations into practice locally.
39. We measure the use of NICE guidance and publish impact reports showing how our recommendations have been used in practice to improve outcomes in priority areas. Our impact reports are based on publically available data and other sources showing the uptake of our work.

Communicating about our guidance, standards and other resources

40. Our guidance, quality standards and other advice products are disseminated and communicated clearly to those responsible for putting them into practice. We also raise awareness about our broader role among those who use the NHS and social care and to members of the public whose health is influenced by our public health guidance.
41. Through our audience insights work we ensure that the views and expectations of NICE's audiences are systematically gathered and interpreted. We deliver a full suite of multi-channel communications activities, telling the story of NICE's work and role through our website, social and traditional media, speaking engagements, exhibitions and conferences, internal platforms, public affairs and stakeholder engagement. We provide a timely, responsive service to direct enquiries from health and care professionals, patient groups, charities, parliamentarians and members of the public.

Access to our guidance

42. We use a number of innovative ways to help all users access all of our products including NICE Pathways and NICE Evidence. Website improvements and new digital developments are user-led and strive to maintain high standards of accessibility.

43. Patients, people using services, carers and the public can also use NICE guidance and other products as a guide to the high quality care they should expect to receive.

Putting our guidance and standards into practice

44. NICE guidance and advice can both drive and enable the design and delivery of services provided by the health and care system. When used effectively, NICE resources can support local improvement initiatives, improve outcomes and reduce variation.
45. We deliver a substantial programme of support to encourage improvement and change in practice. For example: we work with third party organisations to motivate individuals to adopt NICE guidance and standards; we facilitate the availability of support tools which make following our guidance more straightforward at a local level; we provide a suite of online educational modules; and we also have a team of regional implementation consultants and prescribing advisors who provide practical support and advice to our audiences on a local level.
46. NICE is committed to supporting commissioners and providers, local authorities and organisations in the wider public and voluntary sector to make the best use of their money, setting out the case for investment and disinvestment through our guidance programmes and our other advice.
47. We have a collection of cost-saving resources on our website which can help commissioners and providers make sure they are spending money on the right things. We are committed to promoting the provision of appropriate care, and supporting the health and care system to stop ineffective care and treatments.
48. Our guideline manual sets out NICE's commitment only to recommend new treatments or interventions with an increased cost implication if they are underpinned by a solid evidence base and robust economic analysis.