Questions from the public: March 2022 Board meeting

# With the antimicrobials in the subscription model pilot, will the upcoming consultations be public or closed consultation because of the confidential commercial discussions?

The draft published in April 2022 to support commercial discussions. It is not formal guidance and will not be subject to consultation.

# When does NICE expect to report back to the board on the IMF's stakeholder feedback

The consultation has now closed and there has been positive feedback. The timeframe for when the next steps will come to the Board are currently being developed, but is likely to be in the early summer.

# Were the development of any pieces of guidance particularly affected by capacity issues, such as scopes limited, delays etc

For a guideline, the scope sets out what it will and will not cover. Preparing the scope is the first step in developing or updating a guideline. The scope is used to create a framework for the development work. This is then used as a basis for allocating available capacity and programming the work. In the technology appraisal programme, topics that were paused during the pandemic are now back on track.

# Para 6 in the paper states that (the real world evidence framework) is not positioned as formal methods guidance. Could NICE confirm that it is intending to position this into formal methods guidance in the programme manual that committees can consider, and advise on when, and what guidance will be given to ERG and Committee members when/if this happens?

The methods team have been engaged with the work to develop the framework. As noted in the paper to the Board, the framework is referenced in the methods and process guide and committees will be asked to use it where appropriate. The case for formally including in the methods manuals can be reviewed in the future.

# On the subject of real world data (RWD), will committee members be undergoing further training on the subject and its use aligned to the framework? At present the committees view on RWD is often from their own perspective/bias. This has lead to differing outcomes across programmes where RWD has been included in the submissions.

Training will be provided to committees. It is important to note the framework will need to evolve, including to take account of feedback from the committees.

# I have recently finished being part of a NICE guideline now published, I am a parent carer to a disabled young lady (aged 18) and work closely with Greater Manchester systems - sitting on a number of boards here bring the voices of local people to decision makers. So my question/comment is about the research. The recommendations (from the NICE Listens exercise) were based on 28 people and were conducted online - this automatically excludes large swathes of those suffering from inequality, those with EAL, disabilities, poverty, internet access etc. The report says tasks were completed on an online platform again excluding those people who suffer the most from inequality, if you ask families I work with who NICE are they have no idea who you are or what you do. How will the Health Inequalities Oversight group involve people who have the most disadvantage in their work?

This is an important question, and we are keen to make sure we listen to as wide and inclusive a group as possible. Great care was taken in the sample selection to ensure it was a representative group as possible. The use of an online engagement platform was beneficial in some aspects, but we agree it is important to look at how NICE can engage with people whose views may not be captured through NICE Listens. The health inequalities team will work closely with the NICE Listens team for our next topic to make sure we explore all avenues to allow the widest possible set of people to contribute.