National Institute for Health and Care Excellence

Report from the Executive Team

This is the Executive Team report to the Board. It updates the Board on the key priorities and areas of progress since the last Board meeting, structured according to the pillars of our strategy. It also includes any important risks. It sits alongside the integrated performance report, which provides data on the status of our key performance indicators and business plan deliverables.

The Board is asked to review the report.

Gillian Leng, Chief Executive

Meindert Boysen, Deputy Chief Executive and Director, Centre for Health Technology Evaluation

Paul Chrisp, Director, Centre for Guidelines

Jane Gizbert, Director, Communications

Jennifer Howells, Director, Finance, Strategy and Transformation

Felix Greaves, Director, Science, Evidence and Analytics

Judith Richardson, Acting Director, Health and Social Care

Alexia Tonnel, Director, Digital, Information and Technology

Nicole Gee, Interim Chief People Officer

January 2022

Introduction from the Chief Executive

1. This Executive Report provides updates on prominent guidance and sets out progress on business plan deliverables aligned against pillars of the strategy. As we approach the end of the business year, a number of objectives are passing significant milestones or moving from exploratory to delivery phases. Other objectives will continue to be delivered over multiple years, in line with our five-year strategy.
2. In line with new Government advice just before Christmas, staff are again being advised to work from home where they can. In November, before the change in advice, we held a face-to-face event in Manchester to bring all staff together for the first time since the pandemic. This was an important opportunity to meet colleagues (many of whom were new to the organisation), to recognise outstanding staff, to network and to gain some external perspectives on change. It was extremely well received by staff and was important for general morale after a challenging period.
3. To increase senior capacity at NICE, some new appointments are being put in place. An interim Chief Medical Officer has been appointed, Dr Gail Allsopp, and a new director of Medical Technology and Digital evaluation has been identified with final discussions underway. Final discussions are also taking place with a candidate for the interim Chief Digital Product Officer.

Prominent guidance

New peanut allergy treatment for children and young people

1. Thousands of children and young people will be able to receive a pioneering treatment for peanut allergy after NICE recommended its use in new draft guidance. Palforzia (Aimmune Therapeutics UK) is a new treatment that can help build up tolerance to peanuts in children and young people aged between 4 and 17. It works by gradually increasing the body’s ability to tolerate small amounts of peanut and can help reduce the severity of allergic reactions after being exposed to peanut.
2. Peanut allergy is one of the most common food allergies in children and is estimated to affect between 0.5% and 2% of children in the UK. The consequences of accidental exposure to peanuts can be severe, with some people needing to self-administer adrenaline and have emergency care if they are exposed to peanut.

Updated guideline for the management of depression

1. NICE published a draft guideline on the identification, treatment, and management of depression in adults. This draft guideline, currently open for consultation, is the first new guideline for 12 years on this topic, which was developed by an independent NICE guideline committee that looked at the evidence on the treatment of new depressive episodes, chronic depression, preventing relapse, patient choice, and the organisation of, and access to, mental health services. In response to stakeholder comments on an earlier draft update, we included data on long term follow up, service user and patient experience, quality of life and functional status as outcomes.
2. The new guideline creates a menu of treatment options that should allow patients to pick the option most appropriate for them, with the decision made through a shared-decision making process between them and their healthcare practitioner. The consultation closed on 12 January 2022, with final guidance expected in May 2022.

Long-acting injectable treatment for HIV-1 infection in adults

1. NICE has published draft guidance recommending the first long-acting injectable treatment for HIV-1 infection in adults. Cabotegravir (Vocabria, Viiv Healthcare) with rilpivirine (Rekambys, Janssen), is recommended as an option for adults with HIV-1 infection when antiretroviral medicines they are already taking to treat HIV-1 have kept the virus at a low level and where there is no evidence to suspect viral resistance, and no previous failure of other anti-HIV-1 medicines called nonnucleoside reverse transcriptase inhibitors (NNRTIs) and integrase inhibitors (INIs).
2. Both cabotegravir and rilpivirine are administered as 2 separate injections every 2 months, after an initial oral lead-in period, which can be preferable for people compared with the current treatment option of lifelong antiretroviral tablets, taken daily.
3. It is estimated that around 13,000 people will now be eligible for treatment with cabotegravir with rilpivirine in England.

Treatment for spinal muscular atrophy in a managed access agreement

1. In a new managed access agreement (MAA), around 1,500 people in England with the rare genetic disorder spinal muscular atrophy (SMA) will benefit from a new treatment after NICE published guidance recommending risdiplam (Evrysdi, Roche).
2. Clinical evidence shows that risdiplam improves the ability to sit up, stand or walk for people with type 1, 2 and 3 SMA and that it may be effective for people before they start showing symptoms of SMA. There is also some evidence suggesting that people with type 1 SMA live for longer on risdiplam. However, there is no direct evidence comparing risdiplam with best supportive care for type 1 SMA. And there is no long-term evidence of benefit for risdiplam overall.
3. The MAA enables people to access treatment with risdiplam while more data is collected to address the uncertainties identified by the independent NICE committee. After this, NICE will decide whether or not to recommend it for routine use on the NHS and update the guidance.

Key updates aligned to the strategic pillars

Pillar 1 - rapid, robust, and responsive technology evaluation

Publish updated methods and processes

1. In the last Executive Report, the Board was informed about the volume of responses to the public consultation on the proposed changes to topic selection, methods and processes for health technology evaluation. The consultation received significant interest across stakeholder groups, and was widely well received. Analysis of these responses from more than 170 organisations has now completed, and a separate report provides final recommendations to the Board for approval.

Increase our capacity and capability to assess digital technologies

1. In December our events team delivered a livestreamed virtual event on improving patient access to the best digital health innovation. Chaired by NICE non-executive director, Professor Gary Ford, the event featured NICE speakers Felix Greaves and Sarah Byron, alongside NHSX’s director of tech policy, Catherine Pollard, and NHS England’s national specialty advisor for diabetes, Professor Partha Kar. The event outlined how NICE is taking a flexible and responsive approach to accelerate patient access to the very best new digital health technologies including those based on artificial intelligence, and how we are improving alignment with system priorities. 451 attendees joined the live broadcast from the NHS, life sciences, academic and government sectors. Key topics arising in the questions included patient involvement, scoping guidance topics and collaboration between system partners. A recording of the event is available on the NICE YouTube channel.
2. We are working closely with NHSX and the Accelerated Access Collaborative to explore early value assessment and contingent approval opportunities for digital health technologies in NHS priority areas.

Implement the Innovative Licensing and Access Pathway

1. The Innovative Licensing and Access Pathway (ILAP) is operational, with effective processes established. As of January 2021, 65 innovation passport applications have been received by the MHRA, with 36 awarded. There are 10 target development profile applications, with two kick-off meetings held including representation and contributions from NICE. Planning continues for the launch of an ILAP ‘Access Tool’ to support the cost effectiveness aspects of product development, with preparations underway for a soft launch with partners.
2. Progress is being made on developing the equivalent pathway for medical devices, diagnostic and digital health technologies, the Innovative Devices Access Pathway (IDAP). Working with the MHRA, Health Technology Wales and the Scottish Health Technologies Group, NICE held a series of workshops with internal and external stakeholders and is preparing to seek applications to pilot the pathway in January 2022.

Enhancing NICE’s international position

1. The International Strategy for NICE was presented at the November Board meeting, and is now moving into the public launch phase. This strategy sets out the direction and priorities for international engagements and partnerships for NICE over the next 3 years.
2. In line with this strategy, progress is being made to establish collaboration between UK and partner international HTA agencies, while collaboration continues with European HTA agencies through existing forums.
3. Our recent bilateral international partnership work includes an engagement between NICE International and the Health Insurance Organisation (HIO) of Cyprus to support them with the development and contextualisation of clinical guidelines and quality indicators. In December, a 2-day hybrid event was held to facilitate knowledge transfer and capability building, bringing together colleagues from NICE with partners from across Cyprus.

Life Sciences Hub

1. The Life Sciences Hub, bringing together existing and new information to help industry better understand and engage early with our processes, continues to develop well. A new ‘mega menu’ - a navigation menu enabling easy location of different groups of content – helps users to navigate around the existing life sciences page. The page is experiencing an increase in the volume of traffic, as hoped.
2. The Office for Digital Health and Digital Health pages have been finalised. The new Life Sciences landing page has been tested with users and is in the final stages of refinement before it will go live in early 2022. Website effectiveness will be measured to enable continuous learning and refinement of these new pages. Our external contractor, Deloitte, has concluded a short scoping review to inform the next steps in the development of the Hub. The new Life Sciences Hub lead has commenced in post.

Pillar 2 - dynamic, living guideline recommendations

A consolidated portfolio of integrated guideline topics

1. NICE’s approach to classifying the guideline portfolio and prioritising within topic suites was agreed by the Cross Agency Topic Prioritisation Group (CATPG). These principles will initially be applied to a section of the Mental Health topic suite.
2. As agreed, NICE pathways are now being decommissioned in line with the new approach to publishing guidelines. This will release capacity and enable a focus on providing integrated, living guideline recommendations, which are not compatible with the pathways publishing model.
3. Members of the publishing team have attended content design training as part of the internal transformation enable the production of dynamic, living guidelines, to be followed by further technical and organisational development.

Pillar 3 - effective guidance uptake to maximise our impact

State with system partners how our guidance adds value to the system

1. Following a roundtable with colleagues from Arm’s Length Bodies (ALBs) and other key national partners in September, the group agreed a set of core principles underpinning the statements about how and when different types of NICE guidance should be used, and to contribute key messages about their application. Based on this, an infographic has been designed that articulates how the range and variety of NICE guidance benefits patients and is used by partners:
	1. Guidelines provide evidence-based recommendations for front-line practitioners to inform best practice and facilitate shared decision-making
	2. Patient safety advice provides recommendations for trusts on the safety and effectiveness of new interventional procedures and wider aspects of clinical care to safeguard patients
	3. Appraisals of new technologies provide advice for integrated care systems on the clinical and cost effectiveness of new drugs and technologies to support equitable access and inform funding decisions
	4. Digital technology advice provides evidence for the health system and industry to identify which digital products are likely to add value
2. This infographic is undergoing review by NICE and our partner ALBs for final approval in early 2022 ahead of use as an engagement tool with our health and care system partners.

Review our approach to addressing health inequalities

1. A full report on our health inequalities work programme will be presented to the Board in March. The paragraphs below highlight some of the ongoing work in this area.
2. A prototype health inequality (HI) impact calculator has been developed, including the accompanying report produced by our external academic partner. The tool is currently being piloted using the weight management guideline suite with the aim of identifying barriers and resources required for adoption. Data access has been secured so the HI tool can also be applied retrospectively to a small sample of TAs to help understand how it could impact the final appraisal decision. A report into this analysis is expected in 2022.
3. A qualitative study of the equality impact assessment (EIA) process in guidelines is complete, with opportunities identified for strengthening consideration of health inequalities within the process. A final report with recommendations relating to a potentially adapted approach to EIAs is due in 2022.
4. All NICE Listens health inequalities workshops have now taken place and a draft report has been provided by the research partner. Internal work to develop recommendations based on the findings is now underway, which will be presented to the Board later in 2022.
5. Our joint work with strategic partners continues to progress well. Projects underway with NHSE include the development of standards to underpin their health inequalities improvement planning matrix and joint work on an implementation resource for the Core20PLUS5 programme. Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. Part of our work includes mapping key NICE products to the CORE20PLUS5 domains to support local improvement initiatives.

Social care strategic engagement

1. The Social Care Team at NICE collaborated with our system partners to support the provision of high quality, person centred social care. This included a collaboration with the What Works Centre for Children’s Social Care (WWCSC), sharing evidence with the WWCSC evidence ambassadors about NICE’S social care resources, including videos about how social workers can use evidence to support their practice. The evidence ambassadors are sharing these resources with their social care colleagues across local authorities. The WWSC team were highly supportive of the systematic reviews from the updated NICE Looked-after children and young people's guideline, which they have shared with the Independent Review of Children's Social Care, and will meet with the NICE technical advisors who conducted these reviews.
2. Other engagement included NICE presentations at a Quality Matters webinar, viewed live by over 190 attendees, and collaborative development of the Living Good Lives webinar series in November: promoting living good lives for autistic adults and adults with learning disabilities. NICE collaborated with the British Association of Social Workers (BASW), Skills for Care and CQC to develop the webinars, involving a range of people who draw on social care, a range of practitioners and 3 NICE fellows as speakers. Almost 700 attendees viewed the webinars live.

Pillar 4 - leadership in data, research, and science

Considering the environmental impact of health and care interventions

1. All milestones for 2021/22 relating to the development of a framework for considering environmental impact within NICE guidance have now been delivered, including an initial feasibility report from a NICE External Assessment Centre (EAC) about the potential to include measures of environmental impact for health and care interventions.
2. The Environmental Sustainability Oversight Group (ESOG) has been established and is actively looking at high impact areas where NICE can support system partners. Initial discussion focussed on potential opportunities for NICE to provide guidance or implementation support for the system to drive lower environmental impact choices in clinical and shared decision making, with inhalers and anaesthetic gases noted to provide a case where there are high, quantified environmental impacts.

Real World Evidence

1. A draft framework about the use of Real World Evidence (RWE) has been developed and is undergoing internal review by the NICE Data & Analytics Oversight Group. The current document is a ‘living RWE framework’ to enable further development ahead of the objective delivery date in March 2022. This framework will provide a standardised methodology for the use of RWE, building on its current uses in the Cancer Drugs Fund and other guidance programmes, including for the guideline on managing the long-term effects of COVID-19.
2. The team held the first external roundtable event on the topic of data suitability assessment, which was attended by 16 attendees representing UK healthcare, life sciences and medtech industry, data companies, and NICE-affiliated academic groups. Positive feedback was received. Further engagement events are planned with life science companies.
3. The Data Access Request Service (DARS) process for accessing the Trusted Research Environment (a key source of RWE for NICE) provided by NHS Digital has now started, which will continue until data sharing agreements are signed in February 2022.

Progress of strategic enablers

Digital workplace programme

1. The foundation stage of the programme is progressing well, while managing the ongoing capacity challenges to deliver this significant and ambitious cross-organisational transformation. Key roles have been recruited, programme governance established, service and platform operating models are being designed and foundational records management frameworks have been created.
2. A baseline two-year roadmap has been developed with the initial services to be built. ‘Project Spaces’ was selected as the ‘early adopter’ service and is on track. It will be followed by ‘My Space’. These services were selected based on a combination of factors: technical feasibility at this early stage of the programme; and the tools they will ‘open’ to NICE (e.g. secure external access to our network, establishment of file structure and policies for OneDrive etc.). Initial prioritisation of remaining services is expected January 2022 and will continue over the year based on available budget and agreed business priorities.
3. The programme has successfully recruited 29 ‘change champions’ as volunteers from across the breadth of the business. This network will formally start to convene in January 2022.

Data management

1. Our work with our external partner Civica to develop a roadmap of next steps for implementing new contacts data management capabilities including a CRM solution has completed. Presentations were delivered to key stakeholders in December and we agreed to produce a business case over the next quarter with a view to beginning implementation of the roadmap in 2022/23, subject to budget.
2. Civica has also completed a high-level data strategy for NICE that considers NICE strategic priorities though a 'data' lens. This confirms the benefits of existing initiatives and identifies priority investment areas and the need to continue to develop some data fundamentals including governance/quality, skills development and data architecture.

Sustainable organisation and transformational change

1. A number of workstreams have commenced in support of our organisational transformation and sustainability, with an initial focus on organisational culture and ways of working. Organisational design activity has commenced in several directorates and areas, informed in part by a skills capability mapping project carried out by our external partner Deloitte. We have launched the organisation-wide ways of working concept of Heads Up, Heads Down and Heads Together, with work ongoing to embed this. Innermost, a specialist consultancy, was awarded a contract for NICE’s culture development work. An initial plan for this programme is now being developed. NICE competencies for staff have been developed and are being shared with senior leaders, ahead of use in recruitment and training.
2. As part of our work to ensure organisational alignment with our strategy, some activities have been ceased or are in the process of being decommissioned. As well as the decommissioning of NICE Pathways as noted above, we announced plans to close our evidence search service on 31 March 2022.

Key risks

1. Organisational capacity continues to be the key risk for NICE, including senior leadership capacity to help deliver the NICE strategy, and gaps in hard to fill specialist roles in a competitive global market. To help address this, alongside interim and permanent recruitment, operational planning for the next year is taking careful account of the expected technical capacity and considering contingency plans for operational delivery. Recruitment of key senior roles is progressing, and a planned handover is underway between the outgoing and the incoming Chief Executive.
2. The transfer of staff into NICE from the two Collaborating Centres is a significant undertaking. While the integration of staff will enable opportunities for greater effectiveness and efficiency in ways of working, the transfer and onboarding process requires significant administrative, technical, and managerial capacity. There is accordingly an inherent risk that the transfer is subject to technical challenges, or leads to a temporary reduction in operational efficiency. In mitigation, a programme manager has been appointed to manage the process, and technical and administrative teams have been engaged from the start to ensure a smooth and effective transition.
3. A number of key strategic projects for NICE were included in the organisational Comprehensive Spending Review bid. In the current climate with limited fiscal flexibility, there is a risk that some of these projects will not be funded. We are working closely with our partners in central government to determine a realistic funding envelope, and as noted above, considering contingency plans for achievable operational delivery in the event that key projects do not receive the requested investment.

© NICE 2022. All rights reserved. [Subject to Notice of rights](https://www.nice.org.uk/terms-and-conditions#notice-of-rights).

January 2022