Executive update to the Board

July 2025

NICE National Institute for Health and Care Excellence

Executive Summary

- Since our last meeting, we have published notable pieces of guidance which support patients and the NHS and help deliver government priorities - and seen the impact of our guidance in driving access to innovative technologies:
    - Around 3,000 deaths and 5,500 hospital admissions in England caused by chronic heart failure could be prevented each year following our updated draft guideline (slide 3).
    - We continue to drive access to new treatments. People in England will become the first in the world to receive belantamab mafodotin for multiple myeloma following NICE's recommendation in draft guidance. Around 1,500 people with multiple myeloma are set to benefit from the treatment (slide 4).
    - We are seeing demonstrable results from our recommendations. Our December 2023 recommendation on hybrid closed loop (HCL) systems - known as 'artificial pancreas' technology - has triggered a jump in uptake in children and young people from just over 1/3 to nearly 2/3 in one year, and the systems have reached about 3 in 5 eligible children and young people (slide 5).
    - Through our guidance we are supporting Government priorities, for example the shift "from analogue to digital". NICE recently conditionally recommended an AI skin cancer detection system, which analyses images to assess and triage skin lesions, potentially redirecting benign cases to non-urgent pathways (slide 6).
- Regarding our performance in the first quarter of 2025/26, delivery against our priority goals is on track (rated "green"). This includes work to improve the timeliness, quality, relevance, usability and impact of our guidance, as well as our performance as a Brilliant Organisation. For each of our priority projects to deliver these goals, over 90% of milestones are on track to be delivered as planned (rated "green" or "complete"). In addition, over three quarters of our key performance indicators (KPIs) are on track to be met in 2025/26 (rated "green").
- Highlighted successes include agreement by NICE and NHS England of a commercial approach for the 'Rules Based Pathway' for HealthTech – a key step to extending NICE Technology Appraisal to HealthTech; significant collaboration and scoping work with the MHRA to develop an aligned pathway for parallel decision-making; and, piloting the use of AI to boost timeliness – with one pilot in HealthTech delivering 85% time savings. A challenge has emerged due to expected funding for increased National Insurance costs (£0.7m) being withheld by the Department of Health and Social Care (DHSC) until arms length body requirements and the impact on the overall Group position are more fully understood. This has resulted in a full-year forecast deficit of £0.5m. Discussions will take place with DHSC over the coming months to secure additional funding or manage the pressure.
- The Board is asked to review the report, noting updates outlined above for discussion.

Reducing deaths and hospital admissions by thousands for early-stage chronic heart failure

Around 3,000 deaths and 5,500 hospital admissions in England caused by chronic heart failure could be prevented each year following our updated draft guideline on medical treatment of the disease.

NICE is updating the recommendations for drug treatments in our clinical guideline on the diagnosis and management of chronic heart failure first published in 2018. The new draft guideline recommends that medicines be given up to a year earlier, which may help people live well for longer.

Clinical practice over the timing of drug treatments for a type of heart failure called heart failure with a reduced ejection fraction (HFrEF) is changing. The four main types of treatment: angiotensin-converting enzyme inhibitor (ACEI), a beta-blocker (BB), a mineralocorticoid receptor antagonist (MRA) and a sodium-glucose cotransporter-2 (SGLT2) inhibitor are now being used earlier on and without the need to optimise the dose of any one medicine before introducing another.

Our updated guideline reflects this change in practice and in doing so they recommend an earlier use of the SGLT2 inhibitors empagliflozin and dapagliflozin than we've recommended before. It means they can be offered at any stage of the treatment pathway, instead of only when other medicines have been fully titrated, a process that can take over a year.

HFrEF happens when the left side of the heart doesn't pump blood out to the body as well as normal. It is a chronic condition that affects survival and quality of life. Around 614,000 adults in England are estimated to have heart failure. Of these, around 63% are estimated to have heart failure with reduced ejection fraction.

World-first access to breakthrough treatment for multiple myeloma

People in England will become the first in the world to receive belantamab mafodotin for multiple myeloma following NICE's recommendation in draft guidance, currently open for comments.

Around 1,500 people with multiple myeloma are set to benefit from the treatment, which combines belantamab mafodotin (via infusion) with bortezomib (via injection) and dexamethasone (via tablets). Belantamab mafodotin works differently from other multiple myeloma treatments by specifically targeting a protein called BCMA found on myeloma cancer cells.

The guidance recommends the treatment for adults with multiple myeloma who have had 1 previous treatment containing lenalidomide, and who either cannot tolerate lenalidomide or whose cancer has become resistant to it.

Multiple myeloma is a long-term incurable cancer of the blood plasma cells that goes through periods where symptoms worsen (relapse) and periods where treatment brings the disease under control (remission). People with the condition can experience debilitating complications such as frequent infections and kidney problems that severely impact quality of life.

Trial results showed that after one year, 71% of people receiving the belantamab mafodotin combination were still free from disease progression, compared with 51% of those receiving standard care, meaning an additional 20 out of every 100 people remained progression-free after one year. The trial also showed a three-year survival rate of 74% compared to 60% in the standard care group, though the trial is still ongoing.

Useful and useable advice

Transforming the lives of thousands of children and young people with type 1 diabetes

NICE's December 2023 recommendation on hybrid closed loop (HCL) systems - commonly known as 'artificial pancreas' technology - has triggered a jump in uptake of HCL systems in children and young people from just over one-third to nearly two-thirds in one year, and the systems have reached about 3 in 5 eligible children and young people. This data from the National Paediatric Diabetes Audit (NPDA) shows that 62% of children and young people with Type 1 diabetes were using HCL systems from April 2024 to March 2025, up from 36% in the same period the previous year.

The innovative HCL systems offer improved blood sugar control and can transform daily life for families managing this complex condition. The systems have three parts: an insulin pump, a continuous glucose monitor (a sensor that measures glucose levels at any given moment) and an algorithm that makes them 'talk to each other' and adjust insulin delivery. They are managed through a smartphone app.

NICE agreed a 5-year roll-out plan with NHS England which will prioritise access to the technology for all children and young people, people who are pregnant or planning a pregnancy, and adults who are already using an insulin pump but it is not enough to control their blood sugar levels.

It is noted however that there are some disparities in uptake. Uptake is highest among younger children, with 68% of under-12s using the systems compared to 59% of those aged 12 and older. There are also smaller differences in usage by ethnicity and deprivation. NHS England has provided funding to pilot initiatives to reduce these gaps. Two trusts in South Yorkshire ICB used the money to hire a family support worker who focused specifically on children from ethnic minorities or more deprived backgrounds who were not using diabetes technology.

Supporting the shift “from analogue to digital” through a new AI skin cancer detection system

Deep Ensemble for Recognition of Malignancy (DERM) has been conditionally recommended for use in the NHS for the next three years while further evidence is collected.

The technology aims to significantly reduce waiting times by efficiently triaging patients with suspicious skin lesions. DERM analyses images to assess and triage skin lesions, potentially redirecting benign cases to non-urgent pathways.

Healthcare staff use a smartphone with a dermoscopic lens attachment (a high-quality magnifying lens used to examine skin lesions) to take high-quality images of suspicious skin lesions. After a patient has been referred from primary care into a teledermatology service, the skin lesion can be remotely assessed, diagnosed, or monitored without requiring a physical in-person visit. These images are then uploaded to DERM's online platform.

DERM uses an algorithm to analyse the images, examining visual characteristics and comparing them to its bank of images of known skin conditions. When suspicious lesions are found the patient can be directed to a human dermatology specialist for further investigation while people with other skin conditions are reassured and offered advice.

With increasing referrals to dermatology services for suspected skin cancers, early evidence suggests automated use of DERM could approximately halve the number of referrals to dermatologists within the urgent skin cancer pathway compared to using teledermatology alone.