Questions from the public:
July 2025 public Board meeting

1. **With the learning from failure, what learning and reflection will the team at NICE take on board on repeated failure on the same area that people at NICE failed on before. Failure will mean different things to different people and how does the Department of Health and Social Care feel about a failure/continued failure approach at NICE?**

There is a balance between doing everything right and continuing to grow. The approach is to undertake small experiments in a limited area with mitigating actions in place. The testing is then repeated and the changes refined each time. Once ready, the changes can then be rolled out more widely. This is the same approach to continuous quality improvement that is being applied across the NHS in England as described by NHS IMPACT. This continuous quality improvement approach has been discussed with the Department of Health and Social Care.

1. **Under Action 26 of the newly published Life Sciences Sector Plan, the plan outlined that this action would be carried out with the following clause: *"Ensuring any future changes through NICE’s modular updates can be considered where they are evidence based, financially sustainable, and represent value to the taxpayer."* Does this imply that cost neutrality no longer needs to be applied as a uniform principle in future assessments which may influence NICE modular updates, if they demonstrate sustainable value to the taxpayer?**

Any future changes to NICE’s methods and processes will be considered through the established modular updates process and will need to be aligned with the principles set out in HM Treasury's handbook Managing Public Money (MPM), which stipulates that approval is required from HM Treasury for any expenditure that is novel, contentious or repercussive.

1. **Is NICE planning to respond to the US most favoured nation policy published in May 2025? Can stakeholders expect any process or methods updates, or any changes to the way NICE and NHS England work together on commercial pricing negotiations?**

The impact of the policy announcement is currently unclear but this could affect confidential pricing in the NHS. NICE is waiting to see the impact of this and it is a matter to be considered as part of the NHS England commercial framework.

1. **In the 10-year NHS Health Plan, under Chapter 9, it is mentioned that NICE will have the power to “withdraw treatments no longer deemed cost effective”. Can you please explain how NICE intends to deliver this, and what timelines can we expect?**

This would be undertaken through NICE’s existing methods and processes which provide the ability to withdraw guidance. The first step would be a surveillance review, and if evidence suggests the guidance is not current then it could be reviewed.

1. **Why is it that the ambition for patient access to medicines is set as 3rd fastest in Europe not the world?**

This target has been set on the basis of the available data. It has been agreed with the pharmaceutical industry to use the EFPIA WAIT data given its agreed robustness. There is not a similar standard of data to provide a wider international perspective.

EFPIA = European Federation of Pharmaceutical Industries and Associations

WAIT = Waiting to Access Innovative Therapies

1. **Will parallel advice apply only to scientific advice or for reimbursement decisions as well, something like JCA for clinical effectiveness?**

Both NICE and the MHRA will continue to have their own role, with MHRA granting the marketing authorisation and NICE producing technology appraisal guidance on the clinical and cost effectiveness. Under the proposals, both organisations would aim to publish their outputs simultaneously.

1. **The slides [on the 10 Year Health Plan and Life Sciences Sector Plan] are really good and I looked at them before this board meeting started. Can we look at sharing NICE improved working with patients and the public further and better. The slides, rightly so, look at delivering to patients, but NICE need to further stretch itself with patient engagement and involvement and be more explicit on inequities measures of impact.**

NICE has patient and public engagement in each topic. We are also looking at how we can select the right topics: the prioritisation board includes lay members and considers unmet patient need when selecting topics for NICE guidance.

1. **You mention that you're not responsible for 'adoption'; however, I note the work NICE is doing to incorporate technology appraisals into guidelines. Can I suggest that part of the intention behind this is to support the adoption of appraised technologies and therefore reduce variation in uptake across the country?**

NICE is not formally responsible for the adoption of its guidance, but we look to support those who do have this responsibility.

1. **To ensure that NHS patients receive innovative drugs at the earliest, it is important to create an environment for pharma companies to prioritise MHRA to be the first regulatory body they consider for approval. How does NICE and MHRA plan to achieve this?**

This is primarily a question for the MHRA, but we can confirm that NICE is committed to working closely with the MHRA to improve patient access to medicines.

1. **The Life Sciences Sector Plan mentions a new and proportionate approach to medicines with multiple indications. Has a medicine been chosen for a pilot? Have the processes and methods for this been confirmed?**

A pilot has not yet been identified, and the methods and processes will need to be developed with NHS England. It is anticipated to begin this work after April 2026.

1. **How will NICE work with its present and future plans at the developing and forming of the Neighbourhood Health space?**

Through our system implementation team, who work with practitioners and commissioners in the NHS to support uptake of NICE guidance, we are mapping our current guidance to neighbourhood working and will highlight the relevance of this guidance as neighbourhood teams develop across England. In addition, our working alongside people and communities strategy has five aims which align to the neighbourhood health space around involving people and communities, working in partnership, learning from testing, tailoring approaches and encouraging curiosity from staff within NICE about our involvement and engagement. We will work with the emergent neighbourhood pilots to help them understand the role of the NICE, the opportunities for involvement in our specific disease/condition related work and the potential for engagement in the work around health inequalities, shared decision making, person and family centred care as well as health inclusion groups. Working with our voluntary and community sector network we will bring people, communities, voluntary sector organisations together to support our involvement, engagement, implementation and health inequalities work.

1. **With NICE's work on investigating and taking action around the ethnicity pay gap, how is NICE using and focusing on disaggregated data evidence to also triangulate this with career progression for Black Asian and Minority Ethnic staff?**

This will be discussed further at the September public Board meeting which will discuss the annual equality report. There is not a single answer to the pay gap and the staff networks and the people team are committed to ensuring fairness in career progression.

1. **How do the staff Networks report on bullying, harassment and abuse? Why does NICE not have a rolling programme of networks attending Board meetings?**

The staff networks attend the Board each year when the annual equality report is discussed. The networks each attend the executive team twice a year to discuss their work, as do the Freedom to Speak Up Guardians and Unison, which provides the opportunity to discuss bullying and harassment. This will also be discussed at the September Board meeting.

1. **I was at a meeting recently in which we talked about the Board not being visible. In the past NICE used to have 'meet the board' sessions but these stopped. Great question and I hope that something is offered in the future or another option presented for the Network Chairs to come to the board themselves?**

As noted above, the networks will be coming to the September Board meeting. The Board has also previously met with staff members prior to the public Board meetings and is open to considering options for further engagement.