

# Executive update to the Board

December 2025

# Executive Summary

- NICE continues to navigate a **changing policy environment**. Notably, this includes **increases for NICE's cost-effectiveness thresholds** and **support to adopt a new value set for valuing health-related quality of life**. In a health service funded through general taxation, it is right that government decides on the level of health spend. We will introduce these changes swiftly and fairly by April 2026, to provide clarity for patients and companies. We will discuss this further with the Board in the dedicated agenda item this afternoon.
- This paper provides an update on NICE's performance – including notable guidance to date as well as strategic context shaping delivery. **The Board is asked to note key context and agree the attached Integrated Performance Review (IPR) report.**
- Since our last meeting, we have published several notable pieces of guidance, providing access to innovative treatments. Notable examples include:
  - ✓ In final draft guidance, we have recommended abiraterone and its generic variants for prostate cancer. This decision is a **significant shift from our 2021 guidance**, where abiraterone was not recommended as it did not represent value for money. Following the entry of **lower-cost generics**, we were able to re-evaluate our guidance, leading to this positive recommendation - which will help thousands of people and save the NHS millions. These updates demonstrate progress on work to drive **better care and smarter NHS spending** by **re-evaluating priority clinical pathways** as committed to in the 10-Year Health Plan.
  - ✓ In final draft guidance, we have approved the use of darolutamide for treating prostate cancer, with up to 6,000 patients standing to benefit from this. We were able to publish this guidance **5 weeks faster by using a cost comparison approach for the appraisal**.
  - ✓ In final draft guidance, we have recommended cabotegravir as an option for pre-exposure prophylaxis (PrEP) for HIV infection. This approval marks the **first prevention injection** for people unable to have daily PrEP tablets. Alongside the **record numbers of patients accessing HIV prevention treatment** following our first recommendation in 2021, this will support England's goal of ending new HIV cases by 2030.
  - ✓ In final draft guidance, we have recommended durvalumab for an aggressive form of lung cancer. There have been **limited advances** in the treatment of this form of the disease for 20 years, and this approval is the **first maintenance treatment to be approved** for patients following chemotherapy and radiotherapy.
  - ✓ In draft guidance, we have **conditionally recommended five new AI tools**, which could help save lives by spotting warning signs of bowel cancer earlier in colonoscopies.
- Regarding our recent performance, we are on track to:
  - ✓ Meet or exceed annual targets for three quarters of our key performance indicators (KPIs)
  - ✓ Achieve the key objectives for our three strategic projects (rules based pathway, whole lifecycle approach, and NICE/MHRA alignment), and meet 88% of the key milestones across all eleven priority projects outlined in our 2025/26 business plan

# Access to innovative treatments: recent guidance highlights

## Focussing on what matters most

- **Recommending groundbreaking new treatment for aggressive lung cancer** – In final draft guidance, NICE has approved the use of durvalumab for an aggressive form of lung cancer. This is the first maintenance treatment for patients following chemotherapy and radiotherapy. Around 530 people each year will benefit from this breakthrough after two decades of limited progress.
- **Record numbers accessing HIV prevention treatment** – In final draft guidance, we have recommended cabotegravir as an option for HIV prevention, marking the first prevention injection for people unable to have daily PrEP tablets. Alongside the record numbers of patients accessing HIV prevention treatment following our first recommendation in 2021, this will support England's goal of ending new HIV cases by 2030.
- **Providing access to innovate treatment tools for spotting bowel cancer earlier** – We have conditionally recommended five AI tools which act as a helpful assistant during colonoscopies to help doctors spot and remove harmful pre-cancerous polyps. While bowel cancer is the UK's fourth most common cancer, affecting over 42,000 people every year, tools like these will improve outcomes through earlier diagnosis and preventative treatment.

## Learning from data and implementation

- **Re-evaluating our decisions to drive better care and smarter NHS spending** – In final draft guidance we have recommended abiraterone and its generic variants for prostate cancer. This decision is a significant shift from our 2021 guidance. Following the entry of lower-cost generics, we were able to re-evaluate our guidance, leading to this positive recommendation - which will help thousands of people and save the NHS millions. These updates demonstrate progress on work to drive better care and smarter NHS spending by re-evaluating priority clinical pathways as committed in the 10-Year Health Plan.
- **Faster access to life-extending prostate cancer treatment** – In final draft guidance, we have approved the use of darolutamide for treating prostate cancer, with up to 6,000 patients standing to benefit from this. We were able to publish this guidance 5 weeks faster by using a cost comparison approach for the appraisal.

# Key Performance Indicator (KPI) highlights

Programme		Status	Key messages
Timely and high quality	Guidelines	Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet KPI targets for timeliness of guidelines</li> <li>• 5 large topics started in 25/26</li> </ul>
	Medicines	Amber	<ul style="list-style-type: none"> <li>• Improvement on medicines timeliness since last year (17 percentage point improvement)</li> <li>• <b>At risk</b> annual target for publishing 60% of final guidance started in 2025/26 within 240 days of Invitation to Participate. Our forecast is to hit this target, but external factors currently put it at risk.</li> </ul>
	HealthTech	Red	<ul style="list-style-type: none"> <li>• Increased proportion of HealthTech guidance published within 9 months</li> <li>• <b>NOT on track</b> to meet annual targets for HealthTech guidance development. Current targets are unachievable under the current process and are under review.</li> </ul>
	NICE/MHRA aligned pathway	Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet targets</li> </ul>
Relevant		Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet or exceed annual KPI targets</li> <li>• Increased numbers of Technology Appraisals considered for incorporation into guidelines</li> </ul>
Usable		Amber	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet annual KPI targets</li> <li>• User visits to core guidance products and supporting tools and resources remain stable</li> </ul>
Impactful		Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet annual KPI targets</li> <li>• 77% of innovation scorecard medicines show improved use</li> </ul>
Brilliant organisation		Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet annual KPI targets</li> <li>• Forecast surplus within target range</li> </ul>
Additional indicators		Green	<ul style="list-style-type: none"> <li>• <b>On track</b> to meet 13 out of 14 annual KPI targets</li> </ul>