Board Meeting

Wednesday 19 July 2023

Public consultation on update to developing NICE guidelines: the manual

Purpose of paper

For decision

Board action required

The Board is asked to agree to proceed to public consultation on an update to sections 1, 2, 5, 9, 11, 12 and Appendix L of developing NICE guidelines: the manual.

Summary

This report gives details of proposed changes to the manual for developing NICE guidelines.

This is the second of four modular updates. It incorporates important updates to our methods and processes that are being implemented across the Centre for Guidelines to deliver our strategic objectives that will ensure NICE guidance is useful and usable. Changes are proposed in the following areas: scoping; searching for evidence; writing the guideline recommendations; finalising the guideline recommendations; support for putting the guideline recommendations into practice.

Board sponsor

Professor Jonathan Benger, CBE, Chief Medical Officer and Interim Director, Centre for Guidelines

Introduction and background

Developing NICE guidelines: the manual, outlines the methods and processes that are used to develop and update NICE guideline recommendations.

Why are we making successive modular updates to the manual?

This is the second of four modular updates to the manual that are planned over the next 12 months. Successive modular updates enable us to rapidly implement improvements that have been developed and tested across the Centre for Guidelines at different timepoints throughout 2023-24.

Modular updates also allows us to:

* Update discrete topics in a responsive way, ensuring that innovations in methods and processes can be implemented quickly;
* Implement changes to methods and processes for guideline recommendation development, in line with NICE’s ambition (including the NICE strategy 2021-26);
* Reflect iterative decisions emerging from NICE objectives such as enabling the integration of TA into guidelines;
* Harmonise methods and processes across NICE.

What benefits will these updates achieve?

The anticipated benefits to NICE are to:

* Communicate to stakeholders in a timely, iterative manner the changes that are occurring in our guideline development methods and processes, and bring stakeholders with us on our transformation journey.
* Ensure that the manual accurately reflects the methods and processes that are now being used to develop guideline recommendations.

This is the second of four updates and describes key changes to methods and processes in the following areas:

* Introduction (section 1)
* Scoping (section 2)
* Identifying the evidence (section 5)
* Writing the guideline (section 9)
* Finalising the guideline (section 11)
* Support for implementation (section 12)
* Emergency health and social care guidelines methods and processes (Appendix L)

These areas are being updated for the following reasons:

* To incorporate learning from process changes and decisions made in the “Useful and Useable” strategic objective workstream;
* To engage with stakeholders regarding the introduction of topic suites and seek their feedback;
* To describe how substantial efficiencies in development time are being realised in a scalable and sustainable way, through process changes and the use of digital technologies and automation solutions;
* To update our manual to reflect current practice, and that signals to stakeholders how we are delivering on our strategic objectives.

What changes are being proposed?

Process changes

In section 2 there is a simplified process for developing the scope for an update to guideline recommendations, and removal of significant operational detail.

 Appendix L contains streamlined and updated methods for developing guidelines in response to health and care emergencies. Where methods and processes reflect standard practice, it now refers to the main guideline manual.

Approaches that enable rapid updates to recommendations

Section 2 includes novel methods and processes for developing the scope of work within topic suites, with reduced time for consultation on scope.

Information has been added to section 5 that outlines a proportionate approach to living evidence surveillance (until impact reaches the threshold for action).

With a focus on ensuring that our content is useful and useable and NICE continues to add value, we have included a new section on ‘topic areas we do not usually make recommendations on’ to section 9, which includes items such as prescribing information already published in the BNF.

Real world data and digital technologies (including automation)

Details of searching for real world data sources has been added to section 5 on identifying the evidence, and refers to the Real-World Evidence Framework published by NICE in 2022.

Section 5 also includes details of the use of classifiers based on machine learning, and provides information on the situations in which they can be used.

Updating the approach to the implementation of guideline recommendations

Section 12 (Support for putting the guideline recommendations into practice) has been significantly updated to reflect the strategic aim of supporting the implementation of NICE guidance. There is more emphasis on implementation throughout the development of guideline recommendations, and details have been added about the use of system intelligence to inform guideline recommendation updates.

Health inequalities

This update provides increased emphasis throughout the manual on the importance of addressing health inequalities:

* Section 2: Addition of how equalities and health inequalities are considered during scope development.
* Section 5: Addition of information on searches for evidence supporting the Committee’s consideration of health inequalities.
* Section 9: Addition of information to consider when writing recommendations to reflect NICE’s updated approach to addressing equity and health inequalities.
* Section 11: a new section has been added on equalities and health inequalities assessment when finalising the guideline recommendations.

What are the risks and benefits of these changes?

The benefits of this update are that it:

* Reflects, in a timely manner, significant changes that have been developed, piloted and implemented in the guideline development process.
* Ensures that our methods and processes reflect best practice and are accurate and up to date; for example, the process for live updates in the Women’s and Reproductive Health Suite.
* Gives stakeholders an opportunity to shape future development of our methods and processes, to ensure these continue to meet their needs.
* Has been developed with input from across NICE (including CHTE, Clinical Directorate, SP&R, SEA, PIP and Implementation teams) to ensure that it supports the Institute’s transformation and alignment goals.

The risks of this update are that:

* Multiple modular updates create confusion in stakeholders, and an impression that NICE lacks stability and consistency.
* Rapid progress in workstreams, and developments in health and care practice, mean that these updates, and other parts of the manual, become rapidly obsolete. As a result, NICE may be required to utilise resources in multiple incremental updates, rather than completing a smaller number of more definitive revisions.
* The pace of change creates a lack of consistency and alignment between programmes and clarity in overall strategic direction.

What is the question for the Board?

The Board is asked to:

* 1. Approve these plans to proceed to public consultation on the proposed update to sections 1,2, 5, 9, 11, 12 and appendix L of developing NICE guidelines: the manual.

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