

Establishment of clinical criteria: Best practice,
clinical guidelines and patient pathways

European Reference Networks, Brussels, June 23rd 2014

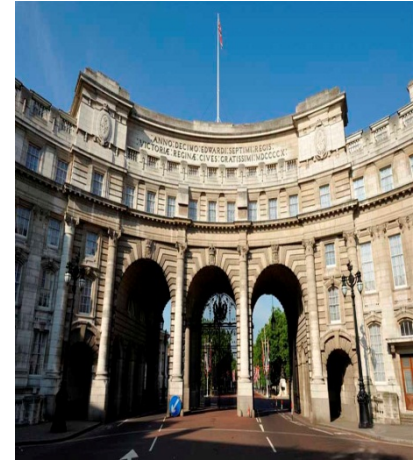
Dr Judith Richardson, Associate Director – Pathways, Health and Social Care

Overview

- The role of NICE
- Clinical guidelines
- Involving the public
- Guidance into practice
- Do clinical guidelines make a difference?
- The future – some challenges

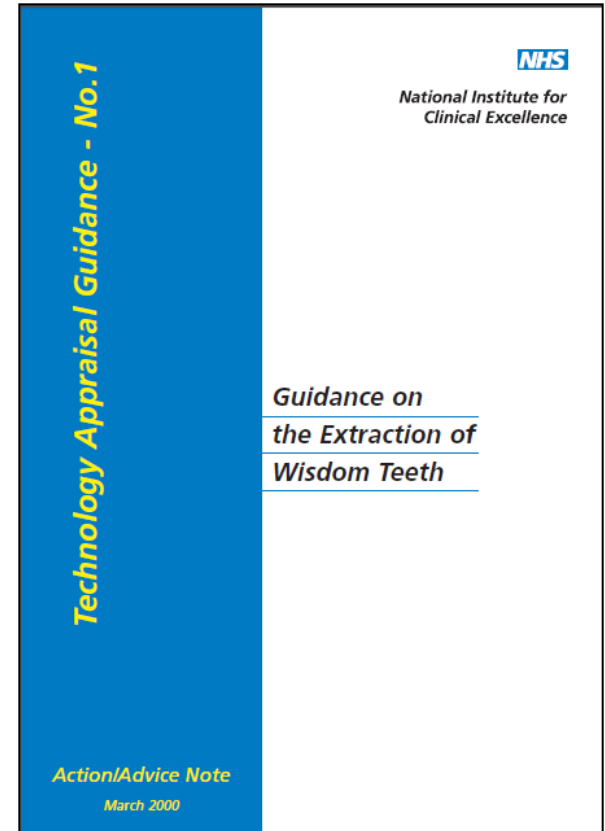
NICE

The National Institute for Health and Care Excellence (NICE) is the independent organisation in the UK responsible for providing national guidance and advice on promoting high quality health, public health and social care.



The beginning

- NICE was launched in 1999 as the *National Institute for Clinical Excellence* to drive the uptake of new technologies across the NHS and standardise care.
- Initial work programme was the development of recommendations on new technologies, based on an assessment of clinical and cost effectiveness.



Guidance



NHS & patients

Followed by.... significant growth

More guidance for the NHS: clinical guidelines, interventional procedures, medical technologies

Public health guidance

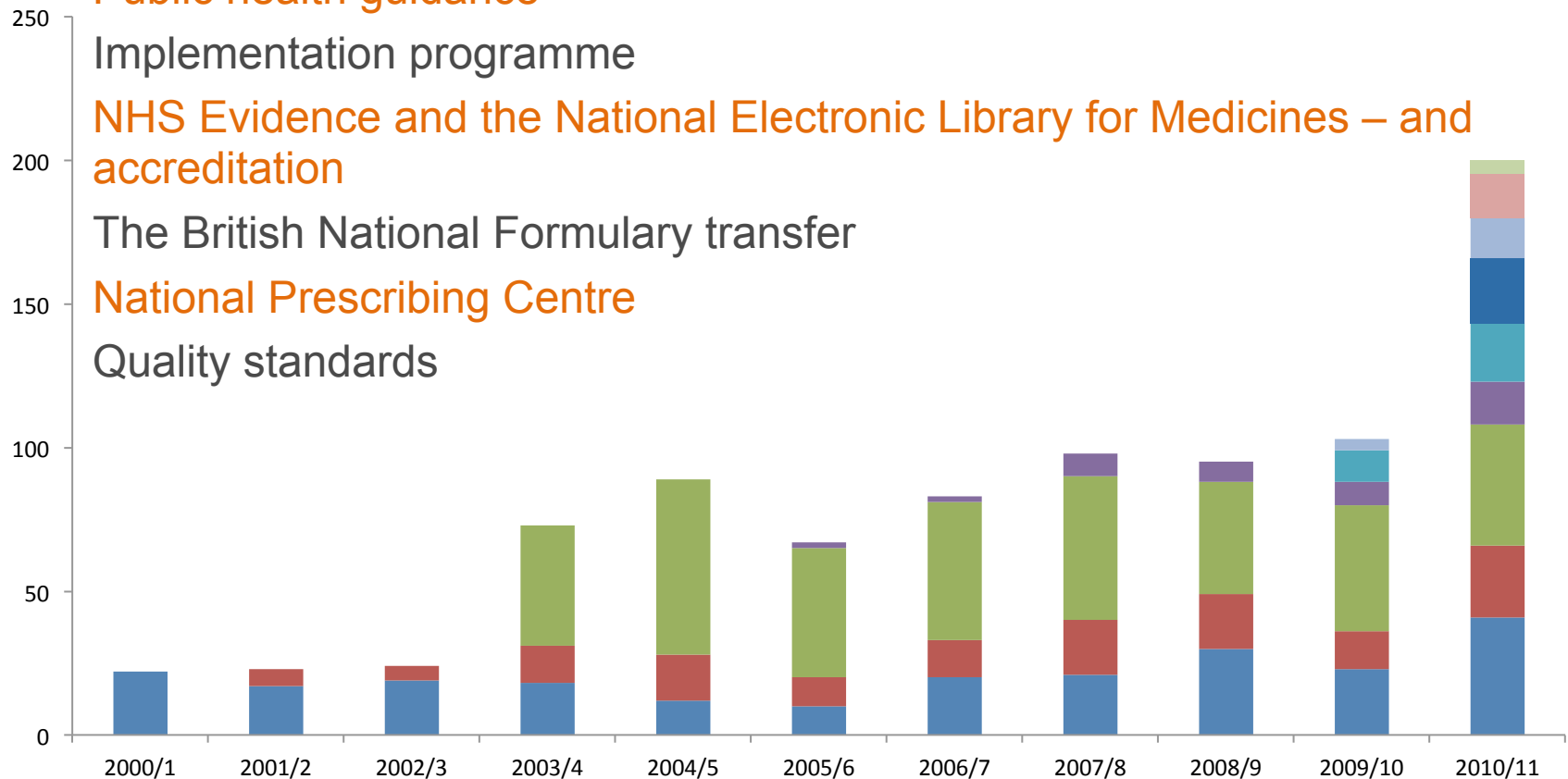
Implementation programme

NHS Evidence and the National Electronic Library for Medicines – and accreditation

The British National Formulary transfer

National Prescribing Centre

Quality standards



Core principles of all NICE guidance



- Comprehensive evidence base
- Expert input
- Patient and carer involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process
- Social values and equity considerations

Fears that offering job instead of Pill 'will fuel sexual infections'

CHARTER FOR PROMISCUITY

DYING - FOR THE SAKE OF £70 PER DAY

Victims of the IVF postcode lottery



Give us the sight-saver

New drug that can prevent blindness 'is being denied'

By **Ben Quinn**

THOUSANDS risk losing their sight because they are being denied a 'breakthrough' drug on the NHS, it is claimed.



NICE guidance: clinical guidelines

NICE clinical guidelines recommend the best ways to diagnose, treat and care for people with particular diseases and conditions, in the NHS.

Why develop guidelines?

- Inappropriate variations in clinical practice
- Persisting use of ineffective treatments
- Need to apply established treatments of proven clinical and cost effectiveness
- Failure to adopt clinically and cost effective new treatments
- “Post-code” prescribing (particularly in the UK)
- Impossible for clinicians to read and appraise all relevant evidence themselves.

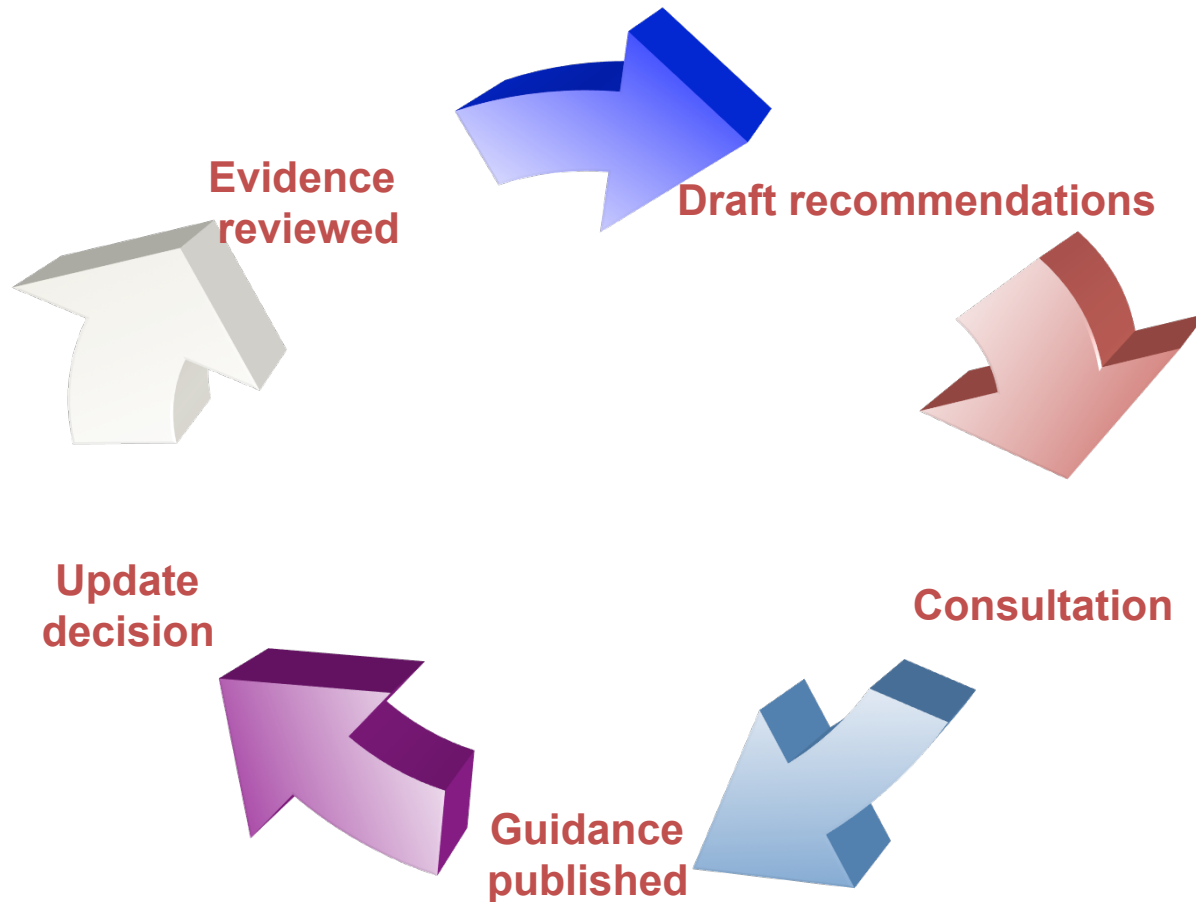
Developing a NICE guideline - key principles

- The guideline needs to be **useful to the NHS**
 - should improve decisions and hence patients' outcomes
 - should promote the cost-effective use of NHS resources but...
- It is **not a textbook**
 - needs to cover the remit but
 - needs to focus on key areas of known variation or uncertainty
 - have in the past avoided issues of service delivery
- Based on **best available evidence** & GDG consensus
 - the process needs to be systematic & transparent

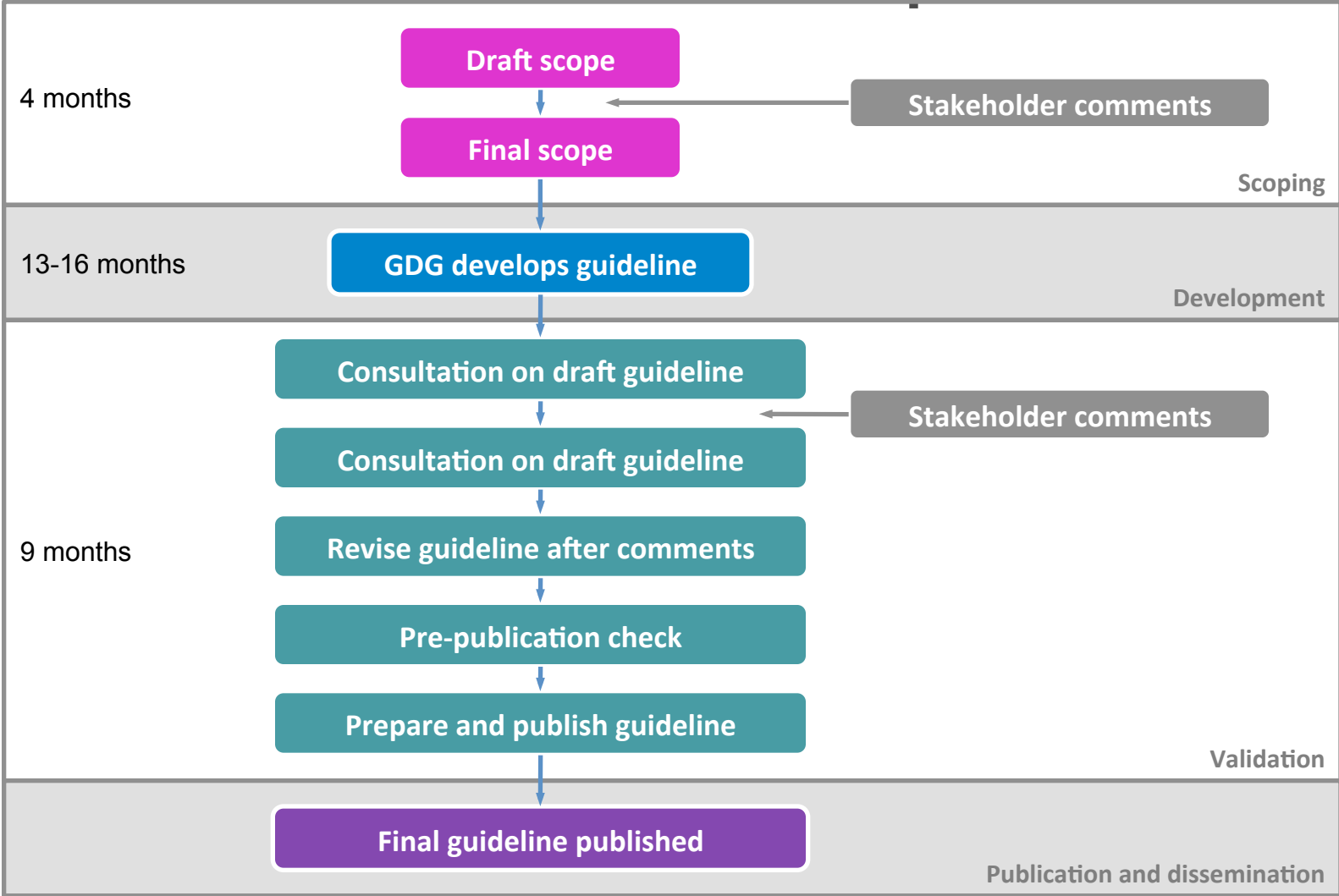
Components of the guideline - recommendations

- Based on balance of evidence on benefits, harms & costs
- Where evidence is missing, poor or conflicting consider recommendations based on GDG consensus
- Also consider research recommendations
- Consider 'not to do' as well as 'to do' recommendations

How do NICE committees produce guidance?



Guideline development



Costs - Producing Guidance

How much does it cost?

Disease/problem Affected population	Burden of disease (NHS costs only)	Number of NICE publications	Cost of NICE guidance per patient
Rheumatoid arthritis 317,000	€600 million	7	€7.50
Dementia 665,000	€3.5 billion	3	€2.30

Involving the public

- People with personal experience of the condition, illness or health problem
- Relatives and carers
- Members of organisations representing patient and public interests
- Advocates and other relevant staff from organisations representing patient and public interests
- Members of the general public



What do patients and the public provide to NICE?

- The personal impact of an illness, disease or condition
- Experiences of care
- Preferences and values
- Outcomes people want from treatment and care
- Impact of treatment or care on outcome, symptoms, physical & social functioning, quality of life
- Impact on family, friends and employers
- Ease of use of a treatment or service; side effects
- The needs of specific groups
- Challenges to professional or researcher views
- Areas needing further research

Patient preferences

Example - kidney dialysis

Committee assumed patients would prefer dialysis at home

Some patients told us they disliked home machines as it meant their illness dominated their lives

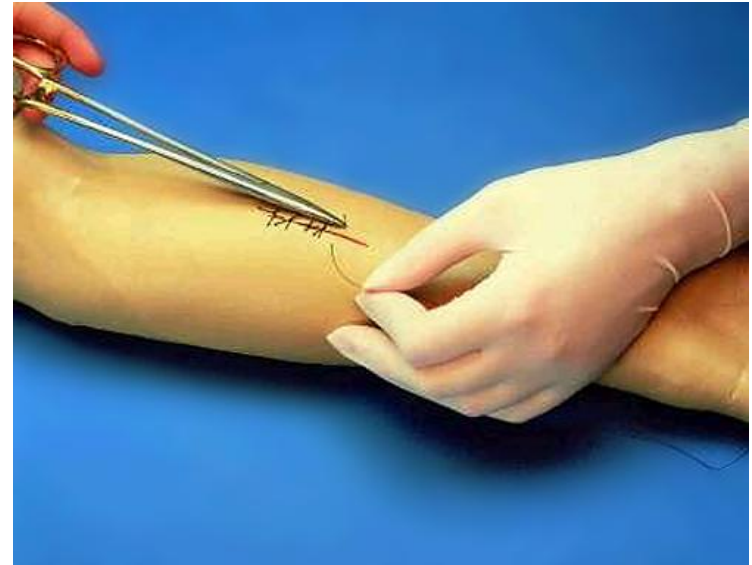


Patients' experience of care

Example – people who self-harm

- People in mental distress who self-harm told us that they were not routinely offered anaesthesia or pain relief for sewing up wounds in the hospital emergency department

- Nothing in the published research to indicate this was an issue



- NICE made recommendations to address this

NICE quality standards

A set of statements that outline what high quality care for a specific disease or condition should look like.

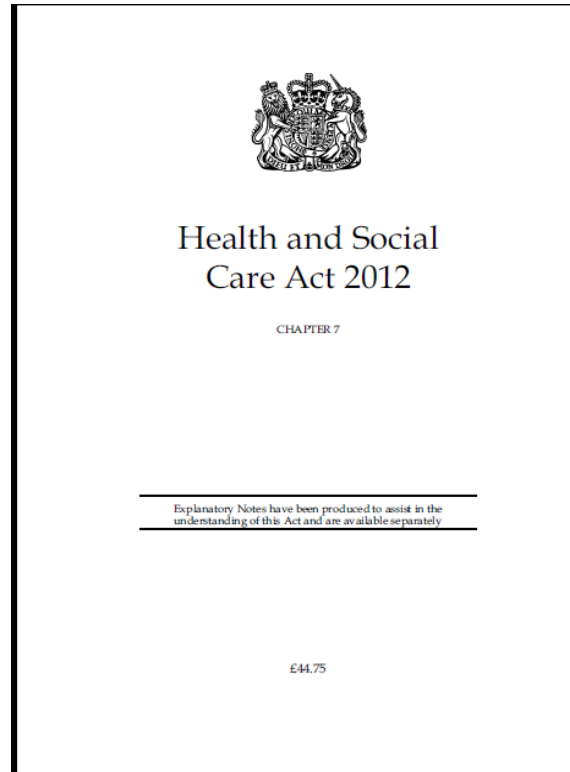
Quality standards - policy background

New focus on quality - the birth of NICE quality standards



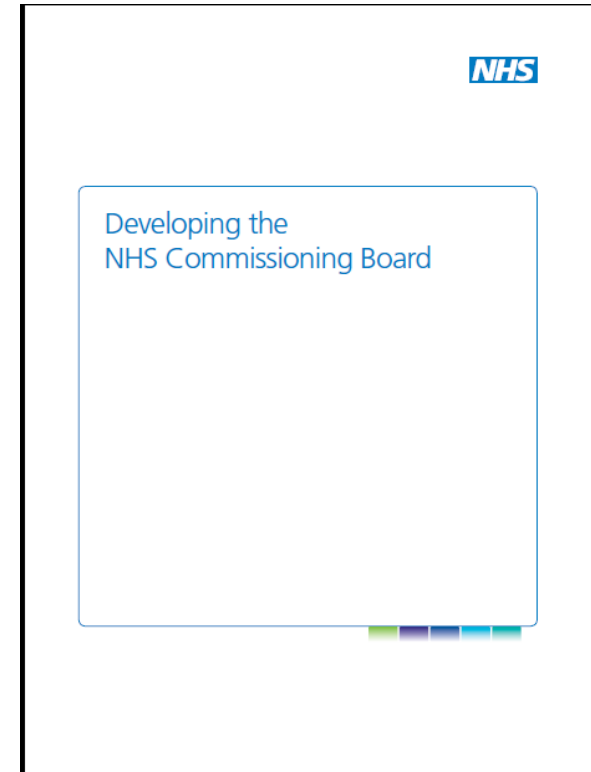
High Quality Care for All

Focus on quality retained - strengthened role for NICE quality standards



Health & Social Care Act 2012

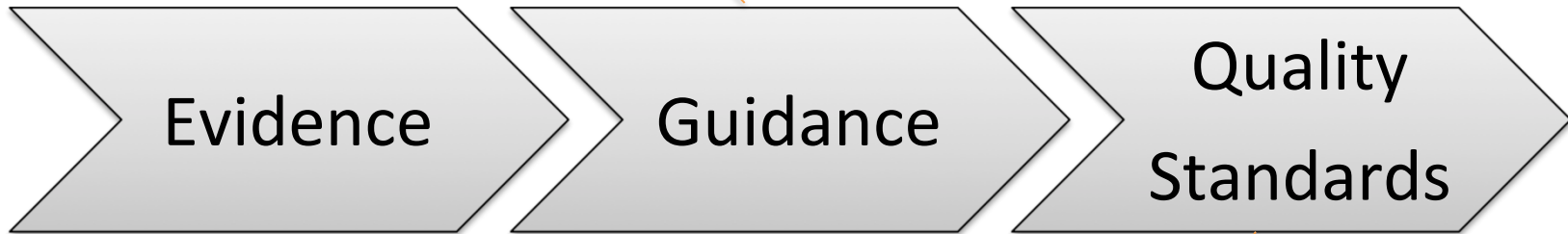
NICE quality standards - underpin the new commissioning system



Developing the NHS Commissioning Board

Quality Standards

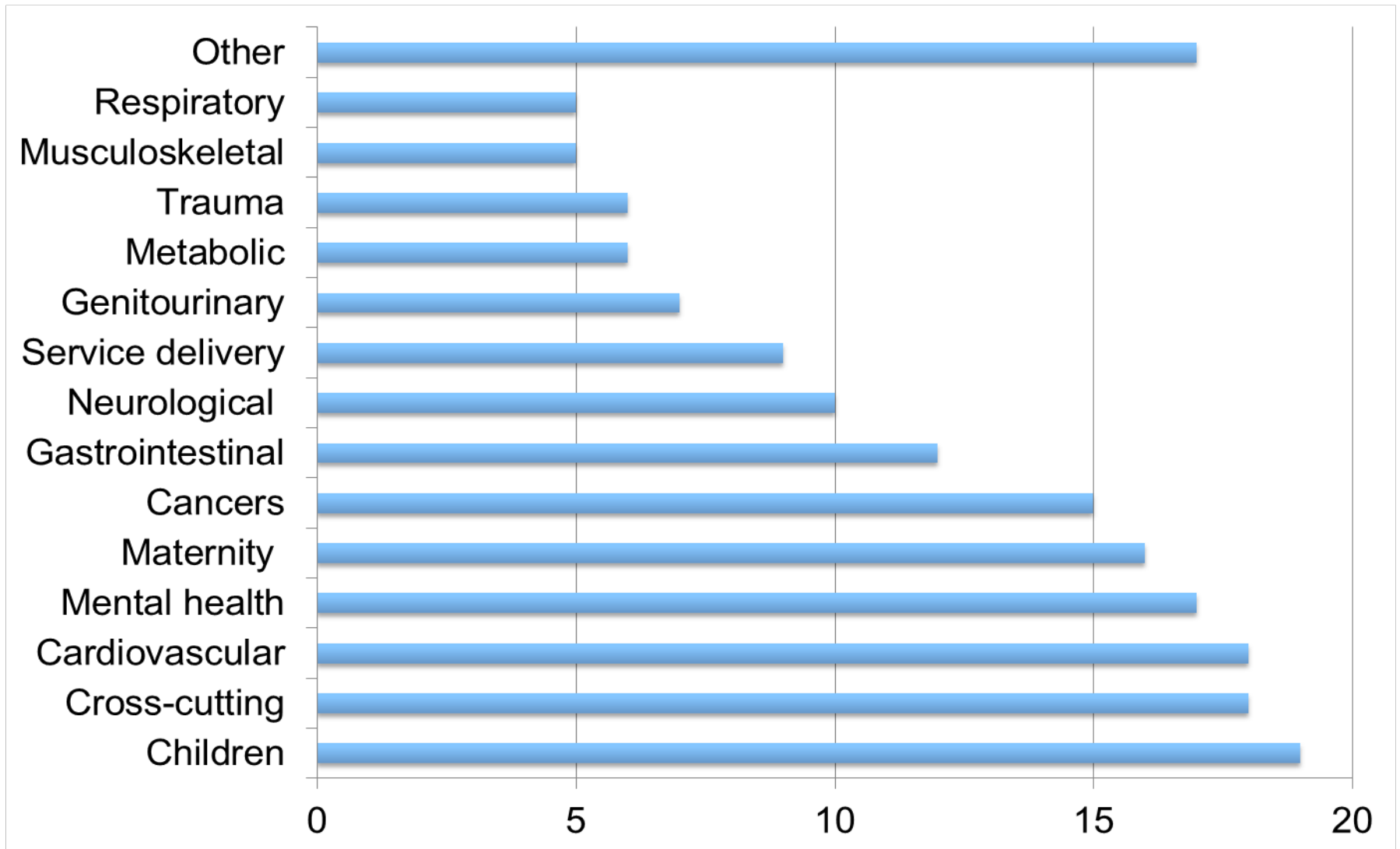
A comprehensive set of recommendations for a particular disease or condition



'Sentinel markers'

A prioritised set of concise, measurable statements designed to drive quality improvements across a pathway of care

180 healthcare topics



Uptake of recommendations

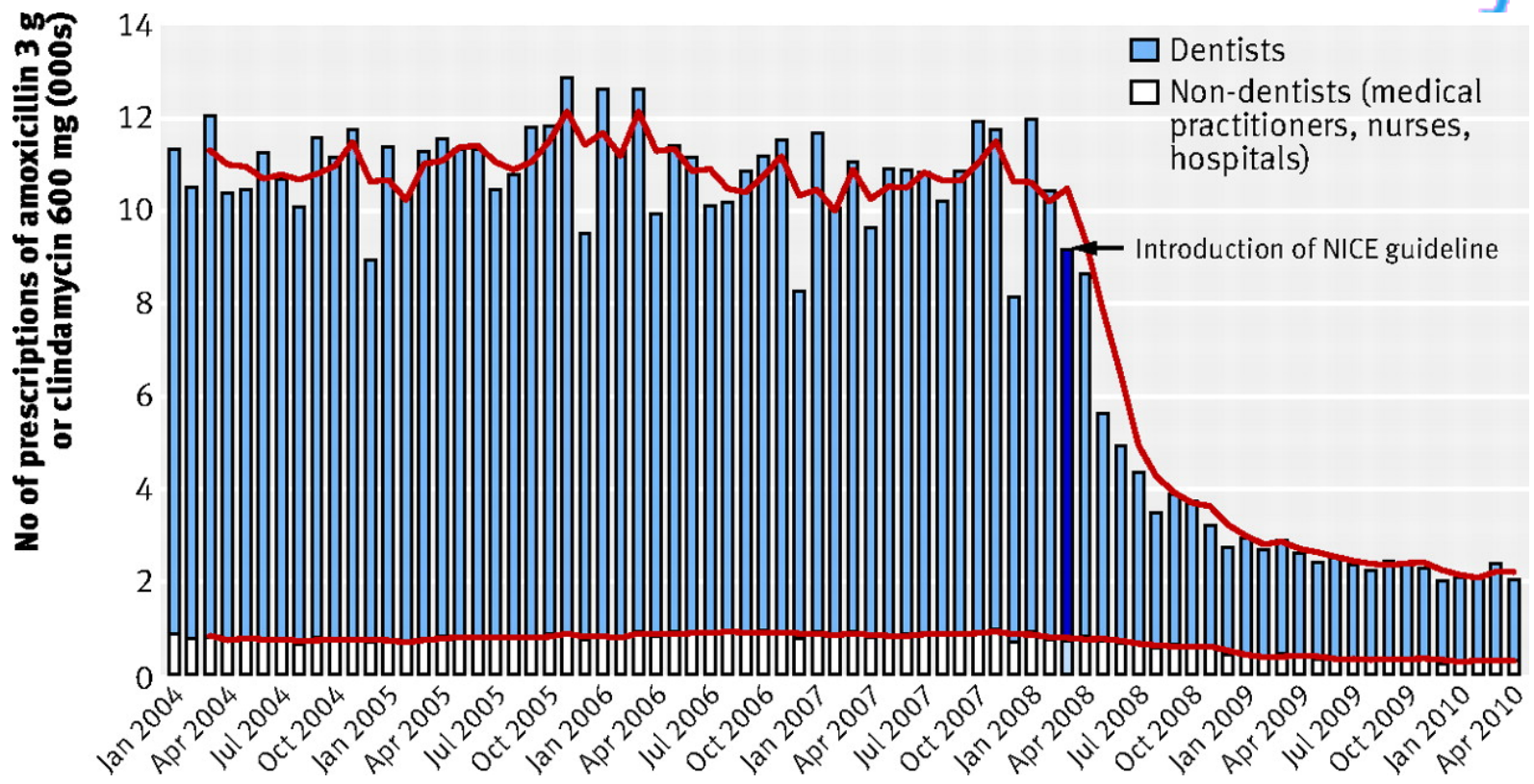
Has NICE guidance had any impact?

- NICE has an ongoing programme of monitoring data on uptake – from external sources
- Examples of data on uptake for:
 - Workplace and public health
 - Bariatric surgery
 - Antibiotic prophylaxis



Uptake of guidance on antibiotic prophylaxis

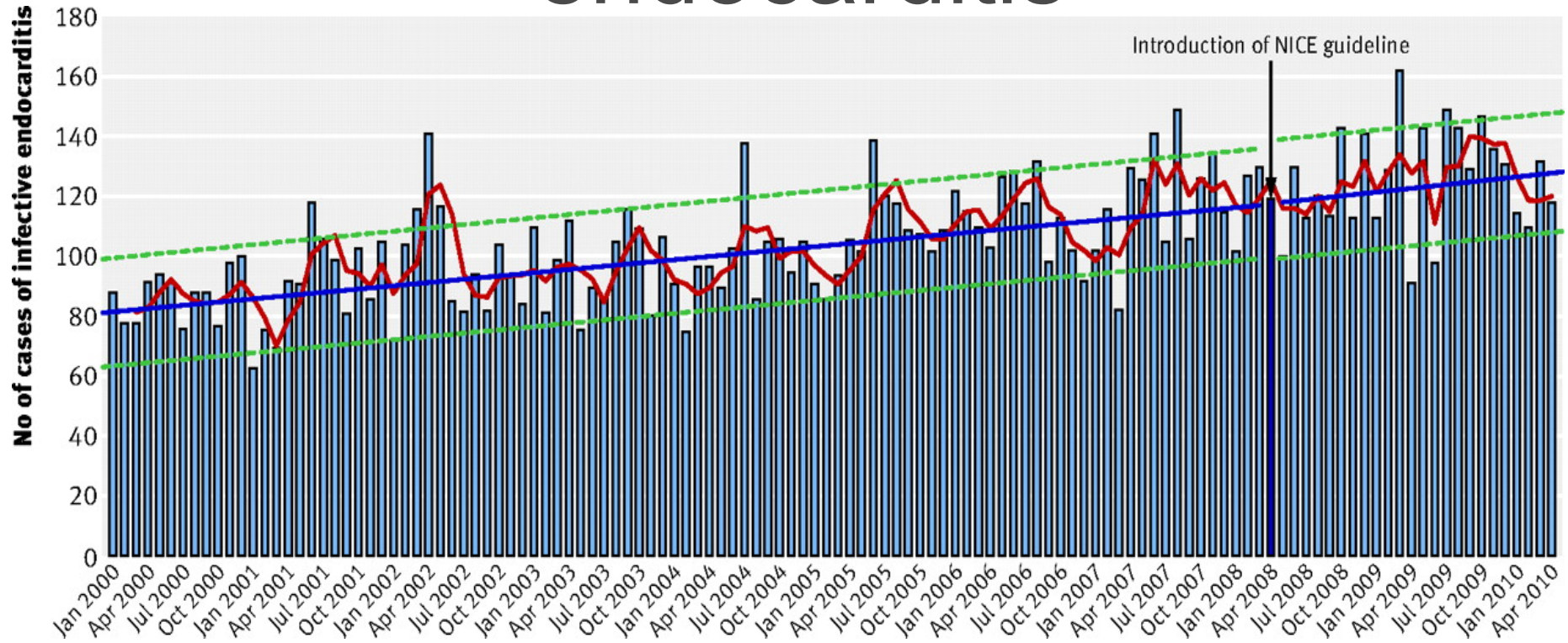
Advice not to give for routine dental procedures



Total number of prescriptions for antibiotic prophylaxis (amoxicillin 3 g or clindamycin 600 mg) dispensed each month by type of prescriber.

Thornhill M H et al. *BMJ* 2011;342:bmj.d2392
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...and no change in rates of endocarditis



Proportion of infective endocarditis cases recorded each month with a code for streptococci or staphylococci as cause.

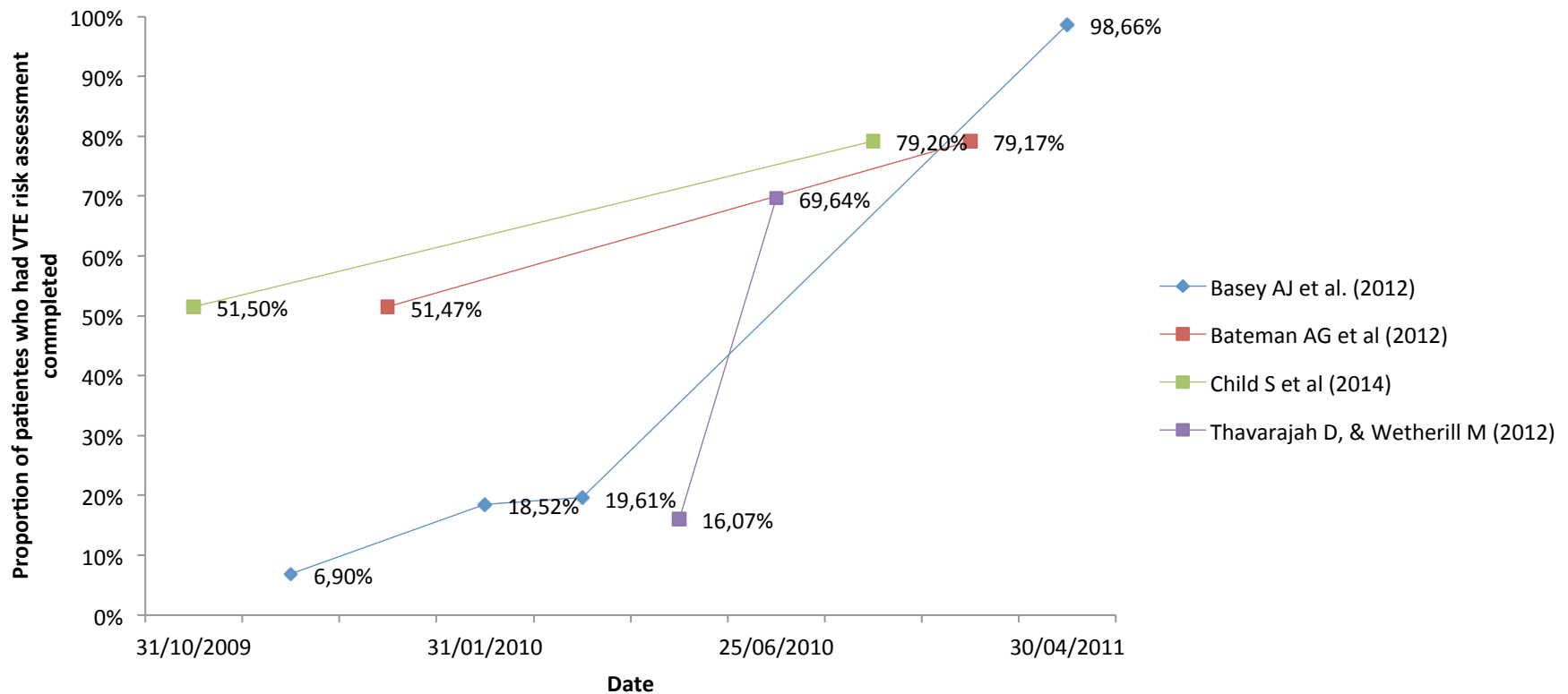
Red lines represent moving average figure for cases every three months

Thornhill M H et al. *BMJ* 2011;342:bmj.d2392

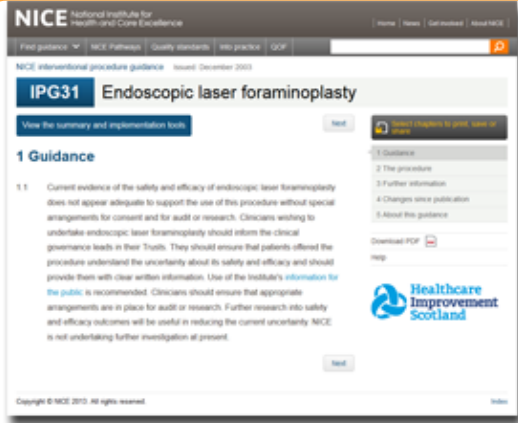
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Patients assessed on admission for VTE risk CG92 Published Jan 2010

CG92 1.1.1: Assess all patients on admission to identify those who are at increased risk of VTE.



Key access routes to date



Webviewer



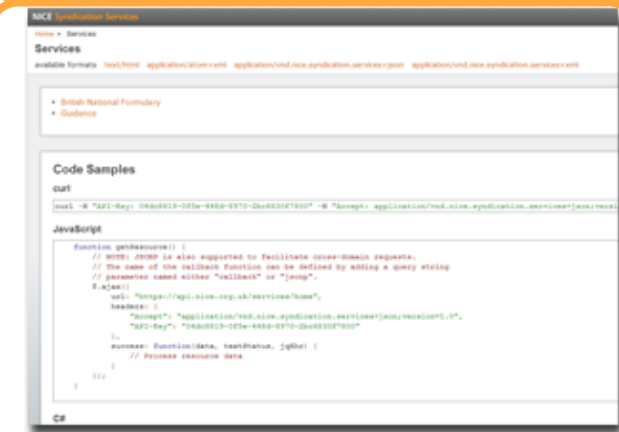
Integration of NICE Evidence Services



Pathways



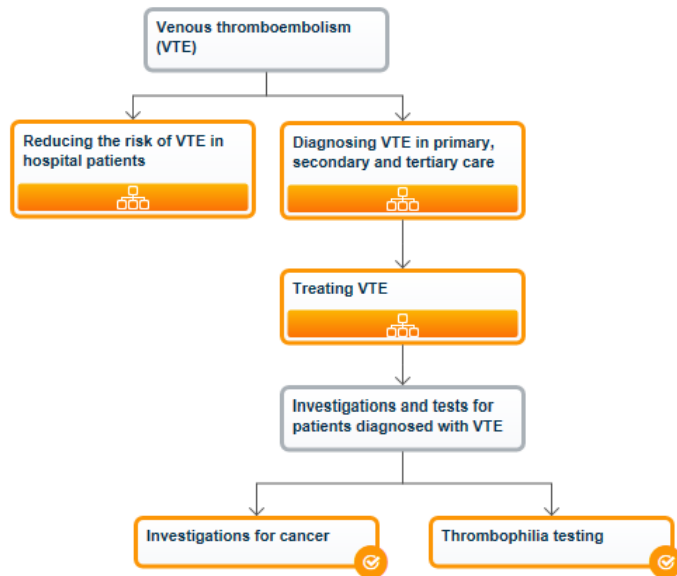
Mobile access
- Apps
- Responsive design



Syndication



Venous thromboembolism overview



Venous thromboembolism

About

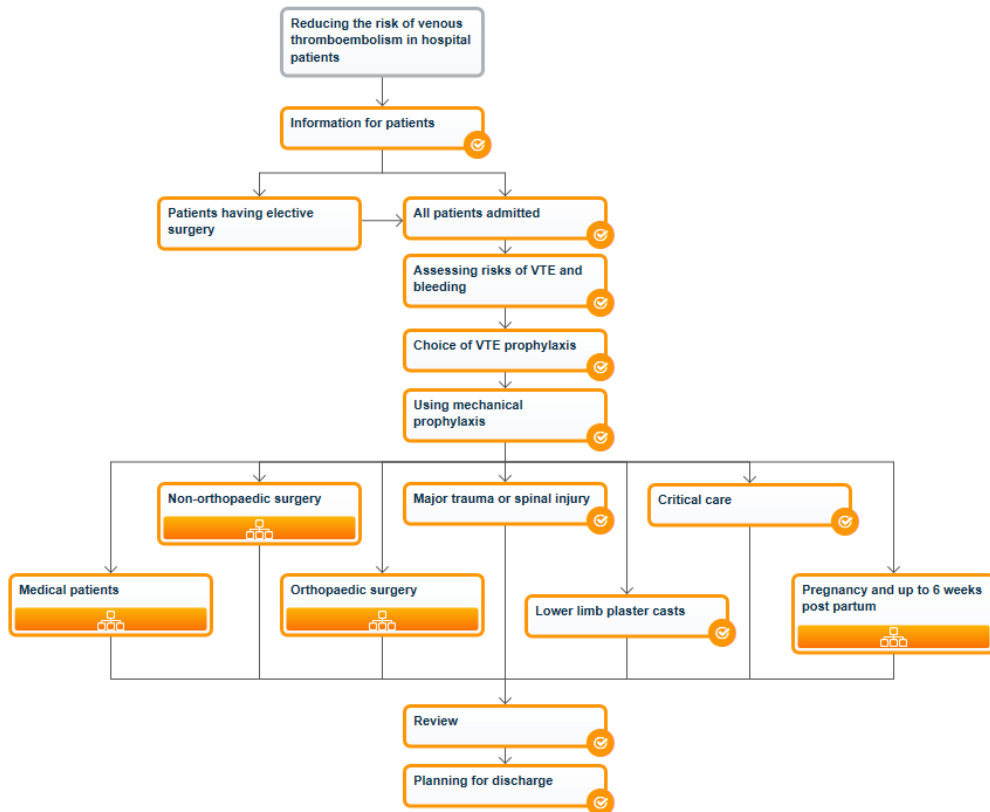
Resources

Quality standards

These are the paths in the *Venous thromboembolism* pathway:

- Venous thromboembolism overview**
- Reducing the risk of venous thromboembolism in hospital patients
- Venous thromboembolism: medical patients
- Venous thromboembolism: general medical patients
- Venous thromboembolism: patients admitted for stroke
- Venous thromboembolism: patients with cancer
- Venous thromboembolism: patients with central venous catheters
- Venous thromboembolism: non-orthopaedic surgery
- Venous thromboembolism: gastrointestinal including bariatric surgery
- Venous thromboembolism: neurological (cranial or spinal) surgery
- Venous thromboembolism: orthopaedic surgery
- Venous thromboembolism: pregnancy and up to 6 weeks post partum
- Diagnosing venous thromboembolism in primary, secondary and tertiary care
- Deep vein thrombosis likely based on two-level Wells score
- Deep vein thrombosis unlikely based on two-level Wells score
- Pulmonary embolism likely based on two-level Wells score

Reducing the risk of venous thromboembolism in hospital patients



Venous thromboembolism

- About
- Resources
- Quality standards

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Challenges

- **Future challenges:**
 - Integration agenda
 - Evidence base e.g. social care
 - Focus on standards and indicators
 - Multimorbidity
 - Keeping everything up-to-date
 - Reduced funding for healthcare

