A closer look at NICE and its goal of excellence to aid practice

A SHORT HISTORY

NICE began life 16 years ago as the National Institute for Clinical Excellence. Its original aim was to ensure that the most clinically and cost-effective drugs and treatments would be available from the NHS across England and Wales. The aim was to encourage innovation and accelerate the uptake of new, effective and good-value treatments. It also sought to reduce variability in the availability of excellent health care in different regions. Its remit has expanded over the years and it has become renowned for its evidence-based clinical guidance. It merged with the Health Development Agency in 2005 to take on health promotion and prevention of disease, becoming the National Institute for Health and Clinical Excellence. With another name-change in 2013, it became the National Institute for Health and Care Excellence, and was established as a non-departmental public body by primary legislation. It now also advises on both health and social care, primarily in England.

ROLE OF NICE

NICE operates independently but is accountable to the Department of Health (DH). It has a board which sets out strategic priorities and a senior management team who make the everyday decisions. It encourages involvement of healthcare professionals and service users alike in its common cause of the pursuit of clinical excellence.

NICE’s role has evolved and its current overriding aim for health care is to improve outcomes for NHS patients and people who use public health and social care services. It does this by issuing different forms of guidance outlined in Table 1.

As well as guidance documents, NICE produces comprehensive care pathways for different areas of care referring to the guidance documents and showing a step-by-step approach for diseases or healthcare concerns through prevention, diagnosis, assessment and management, e.g. for type 2 diabetes. There are care pathways for areas from Alzheimer’s to pressure ulcers listed and detailed on its website.

NICE also develops quality standards and performance metrics for healthcare providers. It develops and monitors the Quality Outcomes Framework (QOF), which is reviewed each year and identifies quality indicators in the NHS contract with GPs and a framework for measuring outcomes achieved by clinical commissioning groups (CCGs).

NICE’s information services for healthcare professionals and commissioners, NHS Evidence, is an online resource which includes access to MEDLINE and other health journals and published research. It also provides access to the British National Formulary (BNF) and support for prescribing. Its Clinical Knowledge Summaries (CKS)

Table 1: Type of NICE guidance for the NHS

<table>
<thead>
<tr>
<th>Type of Guidance</th>
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<tr>
<td>NICE clinical guidelines</td>
<td>NICE guidelines make evidence-based recommendations on a wide-range of topics, including conditions and diseases, health protection, lifestyle and wellbeing, population groups, service delivery and settings, e.g. Pressure ulcers: prevention and management of pressure ulcers (CG179)</td>
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<td>NICE technology appraisals</td>
<td>These assess the clinical and cost-effectiveness of new technologies, including medicines, medical products, diagnostics, procedures and devices, as well as health promotion activities. The recommendations in these appraisals are mandatory and clinical commissioning groups (CCGs) need to comply with the recommendations within three months of publication, e.g. Guidance on the use of patient-education models for diabetes (TA60)</td>
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<td>NICE diagnostics guidance</td>
<td>This guidance assesses the clinical and cost-effectiveness of new diagnostic technologies so that they can be adopted swiftly if they will be beneficial to practice, e.g. Elucigene FH20 and LIPOchip for the diagnosis of familial hypercholesterolaemia (DG2)</td>
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<td>This guidance is for medicines or technologies for rare conditions, e.g. Gaucher disease (type 1) — eliglustat (ID709)</td>
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<td>NICE medical technologies evaluation programme</td>
<td>This guidance assesses the clinical and cost-effectiveness of new diagnostic technologies so that they can be adopted swiftly if they will be beneficial to practice, e.g. Implantation of a duodenal-jejunal bypass liner for managing type 2 diabetes (IPG18)</td>
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<td>NICE interventional procedures guidance</td>
<td>This guidance looks at new and established diagnostic or treatment interventions and assesses safety, effectiveness and provisions for consent, e.g. The Debrisoft® monofilament debridement pad for use in acute or chronic wounds</td>
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people and patient representatives are involved in the development of guidance.

Every organisation will implement the NICE guidance in its own way, absorbing it into local policy, but NICE (2013) itself recommends having a nominated lead who will be able to disseminate new information and ensure that the organisation is implementing the recommended best practice. By spreading new information throughout the organisation and making sure that people understand the reasons for any changes to care provision, it is hoped to be easier to bring about change. Organisations should have a clear policy on adopting recommended changes using a multidisciplinary forum to ensure that members of the team are on side.

ROLE OF MTGs

An example of NICE’s medical technologies guidance is MTG17 published in March last year concerning the use of Debrisoft® (NICE, 2014). Debrisoft is a single-use monofilament fibre pad that, once moistened with water, can be used to debride debris, slough, exudate and hyperkeratotic tissues. It can take as little as just 2–4 minutes to use and has been reported to provide a pain-free debridement option for patients with acute or chronic wounds.

MTGs consider the case for adoption of a medical technology based on its proposed benefits weighed against the evidence that exists to support its use. Evidence is submitted along with expert advice and the case for adopting is approved if the technology is found to offer advantages to both the patient and the NHS. The process of producing MTG guidance is summarised in Figure 1.

NICE has said that evidence supports the case for adoption of the Debrisoft pad to be used by healthcare workers treating wounds in either adults or children in community clinics or at home. NICE have assessed the evidence about Debrisoft’s use and have found that it can debride appropriate wounds quickly (particularly sloughy wounds with exudate and hyperkeratotic skin), resulting in fewer nurse visits than other debridement techniques, such as autolytic debridement using dressings, cleansing with gauze, larvae or wound irrigation with saline. This means direct cost savings by using this clinically effective product that has also been found to be convenient to use and well-tolerated by patients.

Pathways of care

This guidance ties into two pathways: diabetes and pressure ulcers which both recommend debridement for patients with ulceration. The clinical evidence for the Debrisoft pad was based on 15 multiple-patient case-series reports (five peer-reviewed papers and 10 posters), some of which present evidence about different diseases and conditions.

The NICE Medicines and Prescribing Centre continues the work of the National Prescribing Centre which joined NICE in 2011. The directorate is also responsible for distributing the BNF medicines guide to the NHS.

RIGOUR OF NICE

Its recommendations are important, as they aim to ensure that people across the country receive the best care with the best treatments and care pathways. It also confirms that evidence backing new treatments is thoroughly tested and new products will only be recommended if they are considered clinically effective and make economic sense.

NICE’s guidelines are fastidiously evidence-based, and in 2009 it was certified as a quality provider of health and social care information by The Information Standard. This assures the quality of information disseminated by the organisation. The guidelines are fully referenced, with the rigour of the studies the guidance is based on being discussed and evaluated within the document, giving a balanced argument for the strength of the evidence and presenting it for public scrutiny. Technology appraisals and highly specialist technology evaluations carry mandatory guidance. All other NICE guidance is not mandatory, but is designed to assist and augment healthcare staff’s own clinical judgement. Thus, it is important that evidence is presented in this way, so that it can be weighed up by the reader.

TRANSPARENCY OF NICE

NICE encourages people to get involved with the consultation process when gathering evidence for new guidance. It has also developed a network of professionals who have a common goal of health improvement. It has a citizens’ council which is made up of members of the public who provide the perspective of non-medical staff and help guide ethical and moral issues. In addition, lay people and patient representatives

Clinician’s comment

NICE aims to encourage innovation and accelerate the uptake of new, clinically and cost-effective treatments.

In my clinical practice area, this ethos has supported the introduction of the use of the Debrisoft debridement pad. This in turn now ensures our patients receive evidence-based and clinically effective wound bed/skin debridement comfortably, effectively and quickly, without staff requiring specialist training.

Joy Tickle, tissue viability nurse specialist, Shropshire Community NHS Trust

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included retrospective comparators, all of which are detailed within the guidance. As with any NICE guidance, the evidence has been subject to thorough investigation and interrogation, which is presented within the guidance so that the reasons for approving its use are transparent.

Cost savings
The guidance presents the evidence for a cost saving which has been thoroughly re-worked by its External Assessment Centre to create a cost model that was independent of the evidence supplied by the manufacturers, illustrating the thoroughness of the assessment and the guidance’s impartiality. The guidance says:

The Debrisoft pad is estimated to be cost saving for complete debridement compared with other debridement methods. When compared with hydrogel, gauze and bagged larvae, cost savings per patient (per complete debridement) are estimated to be £99, £152 and £484 respectively in a community clinic and £222, £347 and £469 respectively in the home.

In summary, NICE (2014) concluded that Debrisoft:

- Is more effective at debridement than the current practice of using hydrogel or other autolytic dressings and irrigating wounds with saline or gentle cleansing with gauze
- Provides quicker debridement, allowing earlier visibility of the wound bed and therefore better management of the wound
- Can reduce pain associated with debridement
- Enables faster treatment, resulting in less frequent and fewer overall care visits
- Reduces risk of trauma to healthy tissue and reduces bleeding as well as cutting the overall number of wound dressings used
- Contributes to overall cost savings compared with current practices.

In the current general practice nursing climate of increasing caseloads, declining workforce, and budget cuts, a wound care product that is recognised by NICE as saving both time and money fits in with its goal of achieving improved care at a lower cost.

NICE has been in existence for 16 years and has evolved in that time. Its guidance and information services are an invaluable resource for today’s general practice nurses, as it continues to strive for clinical-effectiveness combined with cost-effectiveness for all people receiving care from the NHS.

**REFERENCES**


**Clinician’s comment**

Debrisoft has multiple benefits. It is very quick to use and most patients love the rapid result and often instant improvement in their skin and/or wound. Ease of use often leads to patients becoming involved in their self-care.

Rosie Callaghan, tissue viability nurse specialist, Worcester Health and Care Trust

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**FIGURE 1.**
*Medical Technologies Guidance: the process simplified (NICE, 2014).*

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