

The NICE approach to evidence

What is evidence and how do we use it?

Peter O'Neill – 16th January 2018

Role and remit of NICE

- NICE set up in 1999 as the National Institute for Clinical Excellence to reduce variation in the availability and quality of NHS care and end the ‘postcode lottery’ of healthcare in England.
- First technology appraisal was published in 2000 and the first clinical guideline in 2002.
- In 2005 we began developing public health guidance to help prevent ill health and promote healthier lifestyles. Our name changed to the National Institute for **Health** and Clinical Excellence.
- In 2013, following the implementation of the Health and Social Care Act 2012, we took on responsibility for developing guidance and quality standards in social care, and our name changed again to reflect these new responsibilities (National Institute for Health and **Care** Excellence)
- NICE now develops national evidence based guidance on:
 - Health technologies (drugs, devices, procedures and diagnostics) – Centre for Health Technology Evaluation (CHTE)
 - Clinical, public health and social care guidelines – Centre for Guidelines (CfG)
- NICE also develops quality standards – a concise sets of statements (normally 6 to 8), designed to drive and measure priority quality improvements within a particular area of care.

NICE guidelines

- Are sets of evidence based recommendations
- Based on evidence of effectiveness and cost-effectiveness
- Cover a wide range of topics: clinical, public health and social care
- Are not mandatory, but intended to guide practice

Core principles of NICE guidance

- Comprehensive evidence base
- Expert input
- Public involvement
- Independent advisory committees
- Genuine consultation
- Open and transparent process
- Equality considerations
- Regular review

Clinical guidelines

- Library of over 180 clinical guidelines – regularly reviewed and updated
- Guide clinical practice and health care decision making in UK
- Range of topics across physical and mental health

PH guidelines

- Over 50 published PH guidelines - regularly reviewed and updated
- Topics cover all key PH areas, smoking, obesity, physical activity etc....

Social care guidelines

- Guidelines cover a range of topic areas across the health and social care interface and child and adult services – published social care guidelines to date are:
 - Managing medicines in care homes (2014)
 - Home care: delivering personal care and practical support to older people living in their own homes (2015)
 - Social care for older people with multiple long-term conditions (2015)
 - Transition between inpatient hospital settings and community or care home settings for adults with social care needs (2015)
 - Transition from children's to adult services (2016)
 - Transition between inpatient mental health settings and community or care home settings (2016)
 - Child abuse and neglect (2017)
 - Intermediate care including reablement (2017)

Social care guidelines in development

- People's experience in adult social care services: improving the experience of care for people using adult social care services (publication Feb 2018)
- Learning disability and behaviour that challenges - service guidance (publication March 2018)
- Care and support of older people with learning disabilities (publication May 2018)
- Decision-making and mental capacity (consultation Feb 2018, publication July 2018)
- Supporting adult carers (consultation February 2019, publication July 2019)

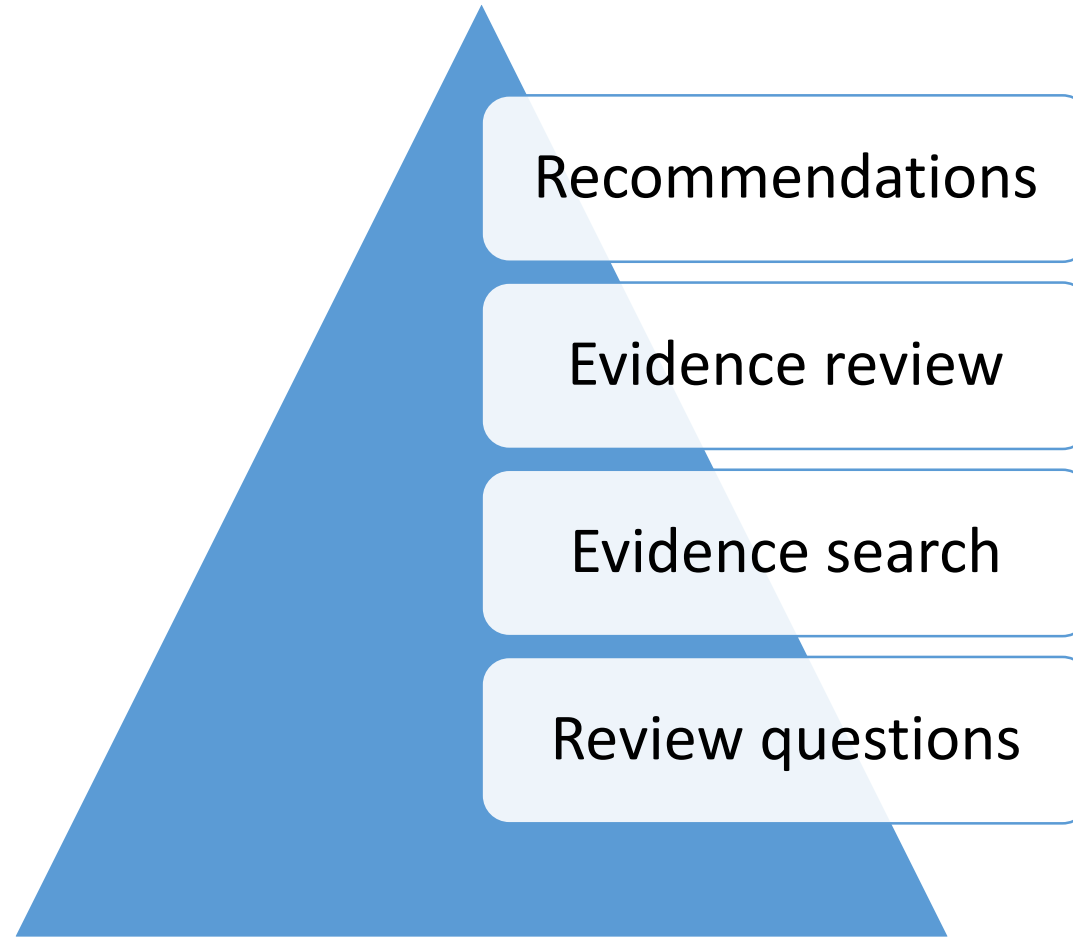
Future social care guidelines

- New topics referred
 - Adults with hearing and visual impairment
 - Advocacy for adults with health and social care needs
 - Children and young people with complex needs
 - Safeguarding adults in care homes
 - Supporting independent living and preventing isolation in adults of working age
 - Advocacy for adults with health and social care needs

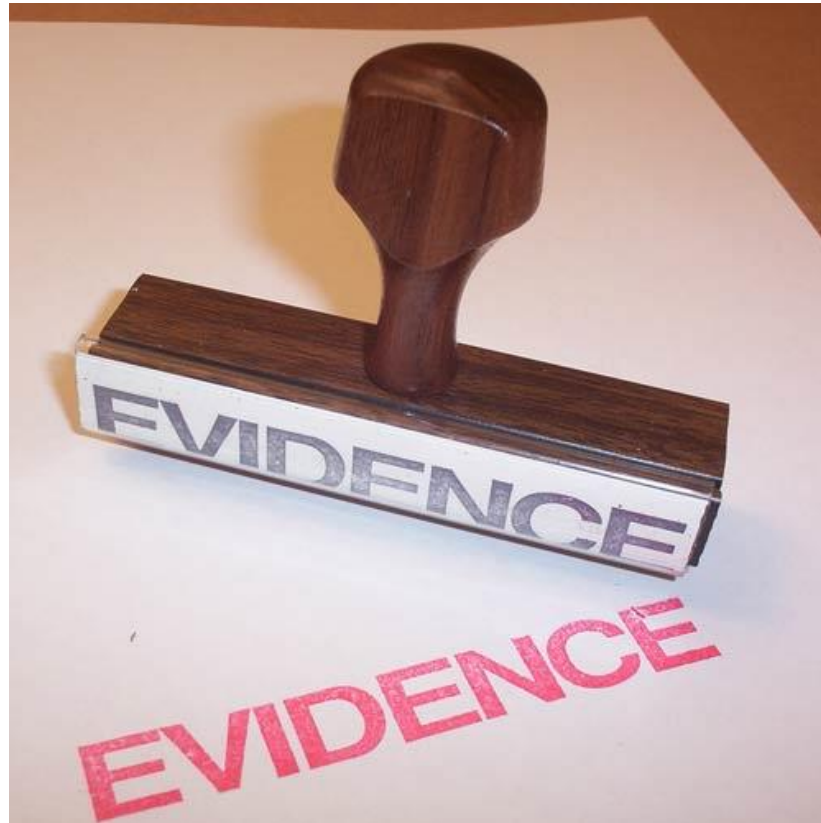
Guidelines Methods and Process Manual

The screenshot displays the NICE National Institute for Health and Care Excellence website. The browser address bar shows the URL: <http://www.nice.org.uk/article/PMG20/chapter/1%20Introduction%20and%20overview>. The page features a navigation menu with options like 'NICE Pathways', 'Guidance', 'Standards and indicators', and 'Evidence services'. A search bar is located at the top left. The main content area is titled 'Developing NICE guidelines: the manual' and includes a table of contents on the left with '1 Introduction and overview' highlighted. The main text area shows the article title 'NICE article [PMG20]' with a published date of 'October 2014' and a list of sub-sections: '1.1 NICE guidelines', '1.2 Information about this manual', '1.3 Choice of guideline topics', '1.4 Key principles for developing guidelines', and '1.5 Who is involved'. A 'Next >' button is visible on the right side of the article content. The Windows taskbar at the bottom shows the Start button, several open applications, and the system clock displaying '08:57 18/05/2015'.

Overview of evidence process



What do we mean by evidence?



What do we mean by evidence?

Guidelines manual describes two types of evidence:

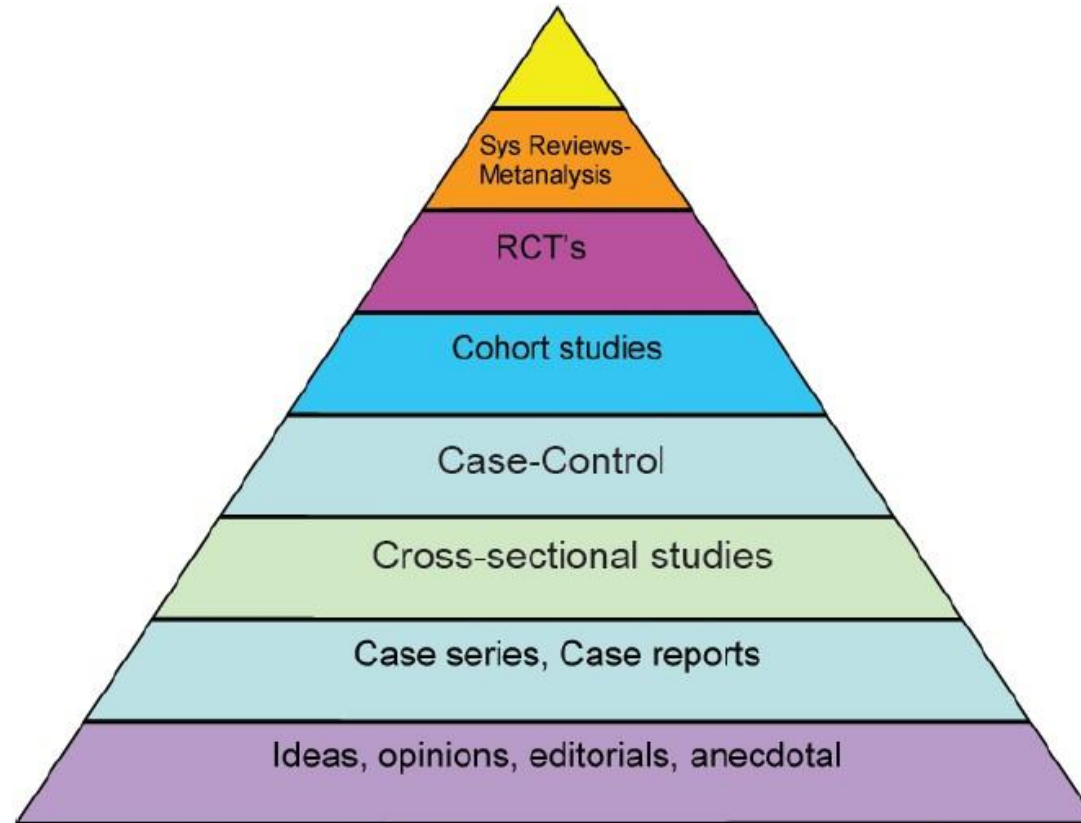
- **Scientific evidence** – a theory or hypothesis is tested objectively in an experiment or in a controlled environment. Scientific evidence is explicit, transparent and replicable.
- **Colloquial evidence** - 'Colloquial evidence' can complement scientific evidence or provide missing information on context. In NICE guidelines colloquial can come from expert testimony, from members of the committee, and from stakeholders.

What do we need different types of evidence?

	Pros	Cons
Scientific	Methodologically robust Able to assess quality or certainty Free of bias	Focus on easily measurable aspects More rigid Free from context
Colloquial	Direct experience Information that is not easily 'measurable' Context sensitive	Not 'testable' Difficult to capture and report Difficult to assess certainty

Types of study

- NICE favours published peer reviewed scientific evidence



Best available evidence

- Core to the NICE approach is identifying the ‘best available evidence’
- This will differ across guidelines and topics (horses for courses)



Best available evidence

Type of question	Evidence
Effectiveness question	Experimental studies with control group – e.g. RCTs
Cost-effectiveness question (Value for money)	Economic evaluations De novo (new) modelling maybe required
Views and experiences	Qualitative evidence
Service delivery (e.g. in social care)	Range of evidence including surveys, audits and evaluations

Options when evidence is limited

Option	Key points of note
Expert testimony	<ul style="list-style-type: none">• Frequently used in social care and public health
Consensus recommendations	<ul style="list-style-type: none">• Frequently used in social care and public health• Generally informal consensus (not formal e.g. Delphi)
Research recommendations	<ul style="list-style-type: none">• Research recommendations are important to address gaps in evidence for future updates• Social care research less developed than health – hope social care research recommendations will be stimulus for better research in social care

Example recommendations on community capacity

Older people with long-term conditions guideline

1.5.5 Health and social care practitioners should offer older people with social care needs and multiple long-term conditions:

- opportunities to interact with other people with similar conditions
- help to access one-to-one or group support, social media and other activities, such as dementia cafés, walking groups and specialist support groups, exercise and dance.

Example –Older people with long-term conditions

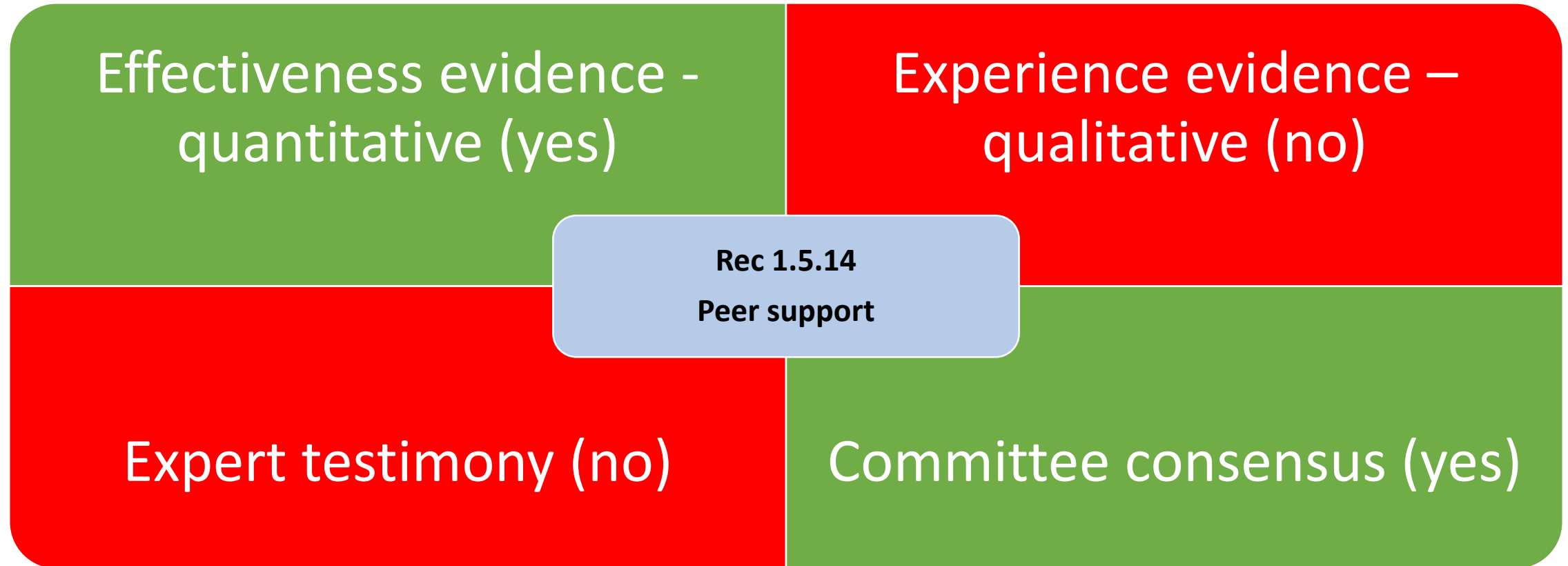


Mental health - transition hospital to home

1.5.13 Consider providing peer support to people with more than 1 previous hospital admission. People giving peer support should:

- have experience of using mental health services
- be formally recruited, trained and supervised

Mental health - transition hospital to home guideline



Community engagement guideline

1.2.1 Support development of [collaborations and partnerships](#) to encourage local communities to take part in initiatives to improve their health and wellbeing and reduce health inequalities. Use local networks and community and voluntary organisations to help achieve this.

1.2.2 Base collaborations and partnerships on local needs and priorities. Effective approaches are:

- An [asset-based approach](#) – to build on the strengths and capabilities of local communities.
- Community development – to give local communities at risk of poor health support to help identify their needs and tackle the root causes. This support comes from statutory organisations.
- Community-based participatory research – to provide collaborations and partnerships with background knowledge and insights into the nature of the community they are working with.
- Area-based initiatives – to work with local communities to improve local health and education and support urban regeneration and development to tackle social or economic disadvantage.
- [Co-production](#) methods – to ensure statutory organisations and the community can participate on an equal basis to design and deliver health and wellbeing initiatives.

Community engagement



Learning to date

- In guidelines, the key question is often ‘does this intervention work?’
- But we may also wish to know
 - When, how, in whom does this work?
 - Or indeed does not work?
 - What might help this intervention to work better?
- Public Health and in particular social care guidelines are not just about effectiveness, but also acceptability of interventions, experience, aspects of service delivery
- This requires consideration of a wide range of evidence to answer these questions
- Increasingly moving towards mixed methods

Any questions?

