

NICE - National Institute for Health and Care Excellence

This factsheet provides information about the role of NICE, how the body makes decisions, and its role in supporting access to therapies.

An overview of NICE's role in England and Wales

Many people are familiar with the National Institute for Health and Care Excellence (NICE) from the media, usually in the context of the availability of new medicines. By understanding how NICE works patients and relatives can see what role they can play within its processes. This helps ensure that NICE makes appropriate decisions about recommending new therapies.

About NICE

NICE is responsible for providing national guidance and advice on promoting high quality health, public health and social care. It is an independent organisation that produces a range of evidence-based guidance, information and advice for health, public health and social care services. It was set up in 1999 to evaluate medications, treatments and procedures and decide whether they should be available on the NHS in England and Wales. It is important to remember that Scotland and Northern Ireland have separate organisations which make these decisions.

One key aim of NICE is to determine which medications, treatments and procedures are clinically effective and cost effective and to ensure people have equal access to them, regardless of where they live. This process was intended to do away with the 'postcode lottery', which denied drugs or treatments to patients on the basis of where they lived.

What NICE does

NICE has two main functions on healthcare matters:

1. To provide guidance on the NHS's use of specific new treatments following clinical and cost effective assessments called technology appraisals (TAs). These can be for a single treatment (STA) or multiple treatments for a particular condition (MTA).
2. To provide guidelines and related quality standards on how particular conditions (e.g. atrial fibrillation) should be managed in the NHS (including all aspects of care from prevention and diagnosis to treatment and follow-up care). Some guidelines also cover aspects of social care services.

In making a decision NICE considers whether a treatment benefits patients, helps the NHS meet its targets (for example, by improving heart disease rates) and provides value for money (is cost effective). Once NICE issues technology appraisal guidance, NHS trusts and primary care organisations are required to make the drugs or treatments available after three months. Clinical guidelines are recommendations rather than requirements.

In making a decision, NICE consults expert opinion and scientific evidence from medical and other health professionals such as senior consultants in their field. NICE also seeks advice from industry and patient organisations such as Arrhythmia Alliance, as well as from patients themselves, which is why your views and experience are so important.

How NICE works

The Department of Health, NHS England and Public Health England decide what medications, treatments, procedures and topics should be submitted to NICE. The NICE website (www.nice.org.uk) lists the topics (such as new guidance on treating a particular condition) that they are currently considering, as well as the different ways patients, carers and members of the public can get involved in the process, either by serving on a committee or by submitting their opinion on a particular topic. They have a dedicated team to support patient, carer and public involvement in all their work.

NICE divides its guidance and quality standards into key areas including: health technology (specific medicines, treatments and procedures), clinical practice (how doctors and nurses should treat particular conditions), public health (preventing illness and health promotion) and social care (improving quality of care and support).

NICE makes its decisions based on:

Evidence - NICE reviews each new treatment or technique and looks at:

- 1. Clinical effectiveness** - how well the treatment works compared with existing treatment or care.
- 2. Cost effectiveness** - including the QALY measure (Quality Adjusted Life Year), a way of comparing the benefits of different treatments to determine value for money.
- 3. Contributions** - expert opinion received from patient organisations, health professionals, experts and other interested parties.

All medications need a licence before they can be prescribed. To speed up the availability of new treatments, NICE has a fast-track procedure and starts to evaluate a medication or treatment

before it actually receives a licence. This means they can make a decision very quickly after a licence has been granted. As soon as technology appraisal guidance from NICE is published, the medication or treatment should be made available on the NHS after three months, although your doctor will use their judgement and experience to decide what is best for you.

Access to medications before NICE guidance

The Medicines and Healthcare Products Regulatory Authority (MHRA) is the body that decides whether to license a medication or treatment. Once a drug has been licensed, your doctor can prescribe it for you, as long as your local NHS agrees to pay for it.

Once NICE has issued guidance on a medication, treatment or procedure to core people (NHS Chief Executives and local government organisations) this must be followed.

Getting medications that NICE has approved

If you think you have been denied a drug or treatment approved by NICE, your first port of call should be your doctor. They will ensure that the particular therapy is appropriate for your condition.

The NICE website (www.nice.org.uk) includes patient versions of its guidance, which outline clearly for whom a new treatment is intended.

It is important to remember that NICE guidance does not replace the knowledge and skills of individual health professionals who treat patients; it is still up to them to make decisions about a particular patient.

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Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with their own doctor.