Board meeting

11 December 2024

Report on Prioritisation activity

Purpose of paper

For information

Board action required

The Board is asked to receive this update.

Brief summary

The Prioritisation Board was formally established in May 2024 following the development of a NICE wide approach to Prioritisation of topics. This paper provides an overview of the work of the Prioritisation Function in the first 6 months of the year

Board sponsor

Professor Jonathan Benger, Chief Medical Officer, Interim Director of the Centre for Guidelines and Deputy Chief Executive

Introduction

To support the strategic ambition of focusing on what matters most and to ensure NICE is prioritising guidance development in areas that will have the greatest impact to the health and care system, a centralised approach to topic selection was developed. This approach was rolled out from the start of the current business year.

This paper summarises the activities of the Prioritisation Board during the current business year (to end of October 2024) and the key learning to date.

Background

Prior to roll out, the Prioritisation Board had been operating in shadow form to test the Prioritisation Framework. Since May and the publication of the NICE wide approach to topic prioritisation the Prioritisation Board (PB) has been making prioritisation decisions. The PB decisions are published on the NICE [website](https://www.nice.org.uk/about/what-we-do/prioritising-our-guidance-topics/our-prioritisation-decisions) and are open to clarification following publication (see section on Clarification process).

Alongside publication of the approach to prioritisation we established a ‘front door’ where topics could be suggested to NICE for consideration for guidance.

The initial phase of PB activity has included a period of considering legacy topics as well as new topics identified either through the front door, from individual programmes or through surveillance activity.

There is currently a Government Internal Audit Agency (GIAA) audit being undertaken on Prioritisation activity which is due to report in the new year.

PB Activity (May to October 2024)

Front door topic suggestions

During the period we received 69 topics on 44 individual areas through the front door. Of these topics 10 have been worked up and none have been selected for guidance. Not all suggestions are “new” topics for NICE and as such the front door is additionally providing intelligence for Surveillance activity. The main reasons for non-selection of front door topics have been firstly that the suggestion is largely focused on service delivery challenges or secondly that often guidance from other organisations adequately addresses the topic raised. Other topics have not progressed to stage 2 of the process due to a lack of relevant evidence. In such circumstances, we have engaged with partners to leverage support for action, e.g. Royal Colleges, NHS England, NIHR.

Key learning and an area for monitoring over the remainder of the business year is the “conversion rate” (proportion that go on to be prioritised for guidance development) for topics coming in through the front door. This is also an area for potential further refinement in the coming year, and we are thinking about how we can better work with the system around the identification of topics.

Prioritisation Board activity

The PB has met 9 times during the activity period. All meetings have been fully quorate which has supported efficiency of the prioritisation process. The PB has been flexible to accommodate time critical topics for consideration as requested by internal teams.

The PB has supported the Interventional Procedures programme with 5 topics and since September the PB has also made decisions about non-selection of medicines for the technology appraisal programme (selection is determined by the VPAG criteria).

The PB is not making all prioritisation decisions currently; some remain within programmes. These are Interventional Procedures and Centre for Guidelines priority suite topics. This is an area for further development over the coming year, as the impact of relative priority for topic prioritisation becomes more embedded in our processes. To support this, the PB will need insights into what exists already in NICE’s portfolio, what is in the development pipeline and what is on the horizon.

Prioritisation decisions

Sixty three decisions have been made by PB (including ratification of its decisions made in shadow form). This includes:

* 1. 19 stage 1 topics (including 10 front door suggestions),
  2. 44 stage 2 topics

Additionally, the PB has made 4 highly specialised technology (HST) routing decisions (with one topic routed to HST) and supported 5 ad-hoc topic considerations.

These topic prioritisation decisions have led to 17 topics being routed to the Guidelines programme, 1 topic to Interventional Procedures and 7 topics to the Health Technology Programme. Additionally, the decisions of the PB have led to one product being withdrawn.

The topics that have been prioritised are presented in Table 1. The guidelines programme has received the most topics, unsurprisingly given the programme’s breadth in remit.

In terms of our learning from the application of Prioritisation framework, the deliberations of the Prioritisation Board have stayed true to the strategic ambition of relevancy and focussing on what matters most to the system – this is evidenced by the mapping of the positive decisions to the forward view and broader national system priorities where 90 percent of selected topics meet priority areas. Ongoing audit of PB decisions will be beneficial for ensuring that the process continues to meet the strategic ambition.

Table 1: Summary of prioritised topics

|  |  |  |  |
| --- | --- | --- | --- |
| Topic | NICE Programme | Aligned to Forward View (specifically NICE priority areas 2024-2025) | Aligned to System needs (Broader National Priorities) |
| Digital platforms for cardiac rehabilitation | Health Technologies | No | Yes |
| Familial breast cancer | Guidelines | Yes | Yes |
| Robotic assisted surgery | Health Technologies | No | Yes |
| Psoriasis | Guidelines | No | No |
| Psychosocial interventions for autistic children and young people | Guidelines | No | Yes |
| Alcohol use disorders prevention | Guidelines | No | Yes |
| AI for mammography | Health Technologies | Yes | Yes |
| Violence and aggression in people with mental health problems | Guidelines | Yes | Yes |
| Familial hypercholesterolaemia | Guidelines | No | Yes |
| Digital support for children and young people with eating disorders | Health Technologies | Yes | Yes |
| Autism assessment and diagnosis | Guidelines | No | Yes |
| Domestic violence and abuse | Guidelines | No | Yes |
| Extracorporeal membrane oxygenation (ECMO) for acute heart failure in adults | Health Technologies | No | Yes |
| Digital technologies for smoking cessation | Health Technologies | No | Yes |
| Bladder cancer | Guidelines | Yes | Yes |
| Type 2 diabetes -insulin therapy | Guidelines | Yes | Yes |
| Lower urinary tract symptoms in men, trans and non-binary people with a prostate: assessment and management | Guidelines | No | No |
| Digital health technologies for supported self-management of asthma | Health Technologies | Yes | Yes |
| Non-alcoholic fatty liver disease | Guidelines | No | Yes |
| Aspirin for VTE prophylaxis in orthopaedic surgery | Guidelines | No | No |
| Alcohol use disorders: diagnosis and management of physical complications | Guidelines | No | Yes |

Clarification Process

The clarification process is open publicly to all stakeholders and consists of an initial opportunity to ask questions in relation to the rationale for any given PB decision. If the decision remains unsatisfactory or requiring further clarity then there is a second opportunity which is then taken to Guidance Executive (GE) for discussion and governance.

To date we have received 7 requests for clarification. All clarification requests have been completed within the stipulated process timescales. Two topics have entered stage 2 of clarification and been discussed by GE. For one of these topics GE overturned the original decision by the PB in light of further specialist input into the value of the topic to the system. In the other GE supported the original decision made by PB.

Key learning from the clarification process includes the importance of a clear rationale for all PB decisions as they are published on the website, and this transparency is likely to be reducing the volume of clarification requests. Also, the value of system engagement in advance of PB to ensure expectations are managed for both stakeholders and PB, particularly since system need is at the forefront of discussion in PB. Finally, the process for responding to clarification requests can be both time- and labour-intensive which is a challenge in a small team. We will continue to monitor the volume of clarification requests received to determine if amendments are required to support efficiency.

Next steps and areas for improvement

The PB is embedded and delivering as planned, however the Board and its supporting activities are still in their infancy with a need for further refinement. They will need to evolve continually to remain relevant and support NICE’s strategic ambition. The PB is seeing opportunity for supporting integrated products and enhancing cross-programme dialogue on topics (e.g. non-alcoholic fatty liver disease, for which all the guidance-producing centres are working together to coordinate and incorporate their outputs). Additionally, conversations in PB are supporting upfront consideration of downstream impacts for guidance development. Six key areas for further work that have been identified are detailed below. In addition, we will reflect on the GIAA findings when available to drive improvements.

Relative priority: There is an increasing need for more consideration of the relative priority of individual topics. Topic prioritisation operates in a dynamic and unpredictable context which means that decision-making is to some extent time dependent. In order to consider relative priority more formally in its deliberations the PB needs awareness of the status of topics both in development, awaiting development and on the horizon across the whole portfolio. Considering this will also help to support integrated outputs for NICE.

DHSC and NHSE input: The Department of Health and Social Care (DHSC) and NHS England (NHSE) are not members of the PB, but were involved previously in some of the topic selection functions at NICE. We are working with them to better support the workflow for their intelligence and commentary into the PB. This may also support improvements to the consistency of the information that the PB receives.

Consistency of information going into PB: This is fundamental to support consistency in decision-making and to ensure that we are appropriately recognising overlaps and dependencies in topics. Work is ongoing to identify the information needs of PB and adapt the process for preparing topics to support this.

Community involvement: The final area identified for improvement is people and community involvement in the prioritisation process. Although we have 2 public representatives on the PB there is an opportunity to try additional and novel approaches to embed the public voice in the decision-making process for topic prioritisation.

The final challenge the PB faces is being able to measure its impact due to the lag between the selection of a topic and guidance being published. As a result, proxy metrics are in use currently.

Board action required

The Board is asked to receive this report, note the learning to date and also the areas identified for ongoing improvement.

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