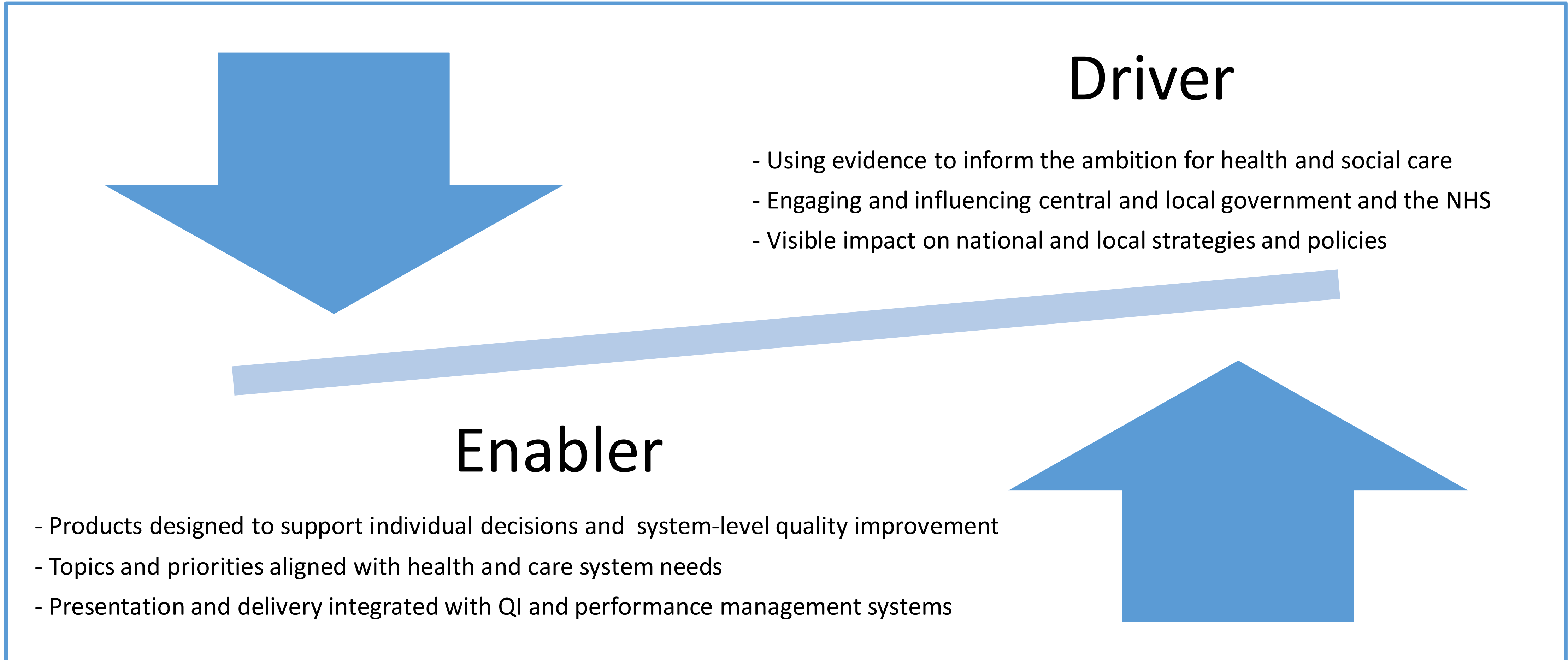
What works in health and social care

The NICE approach to evidence based guidance

Our role

- To improve outcomes for people using the NHS and other public health and social care services
- We do this by:
  - producing evidence-based guidance and advice for health, public health and social care practitioners
  - developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
  - providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care

How do we influence systems?



What works – our guidance

- Number of different ‘what works’ programmes across the Institute
  - NICE guidelines
  - Technology appraisals guidance
  - Medical technologies and diagnostics guidance
  - Interventional procedures guidance
- All are evidence based

What works – our principles

- Guidance is based on the best available evidence of what works, and what it costs
- Guidance is developed by independent and unbiased Committees of experts
- All our Committees include at least 2 lay members (people with personal experience of using health or care services, or from a community affected by the guideline)
- Regular consultation allows organisations and individuals to comment on our recommendations

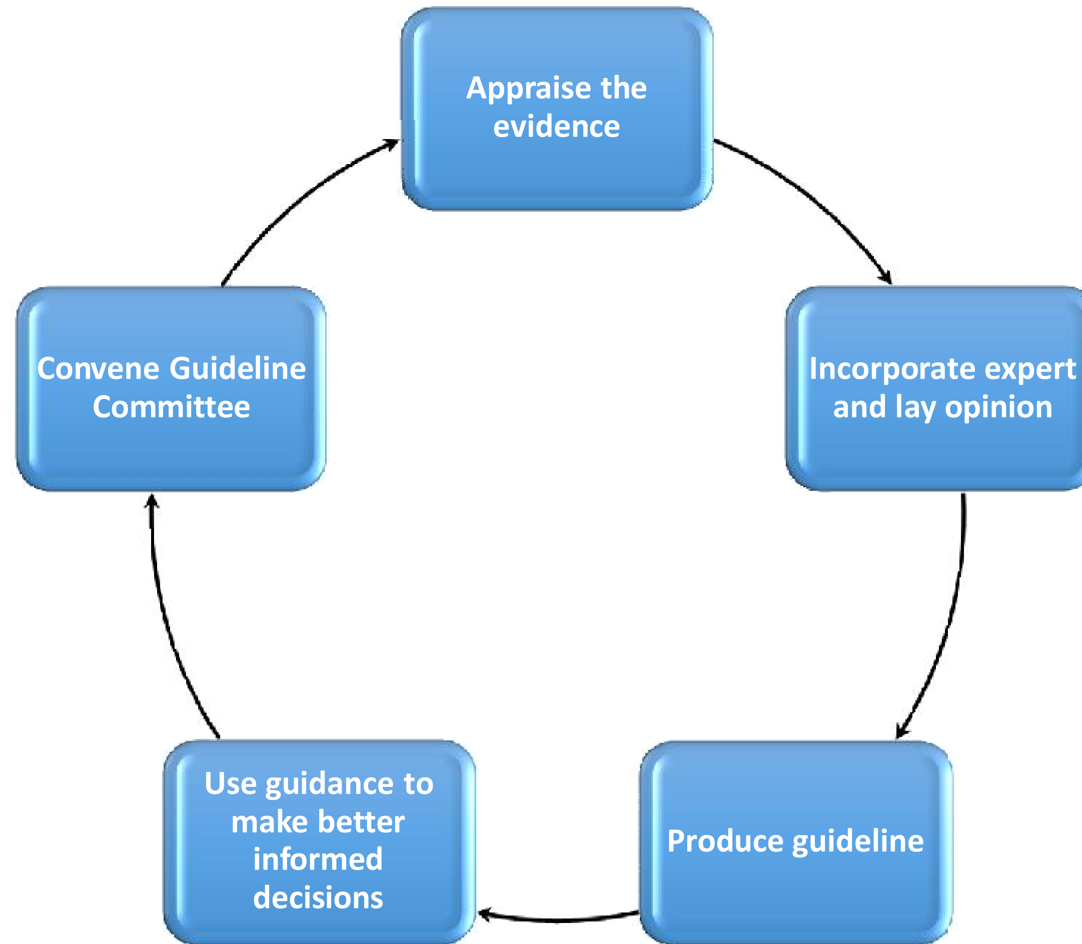
What works – our principles

- Once published, all NICE guidance is regularly checked, and updated in light of new evidence if necessary
- We are committed to advancing equality of opportunity and ensuring that the social value judgements we make reflect the values of society
- We ensure that our processes, methods and policies remain up-to-date
- NICE also considers dissemination and implementation when developing guidelines

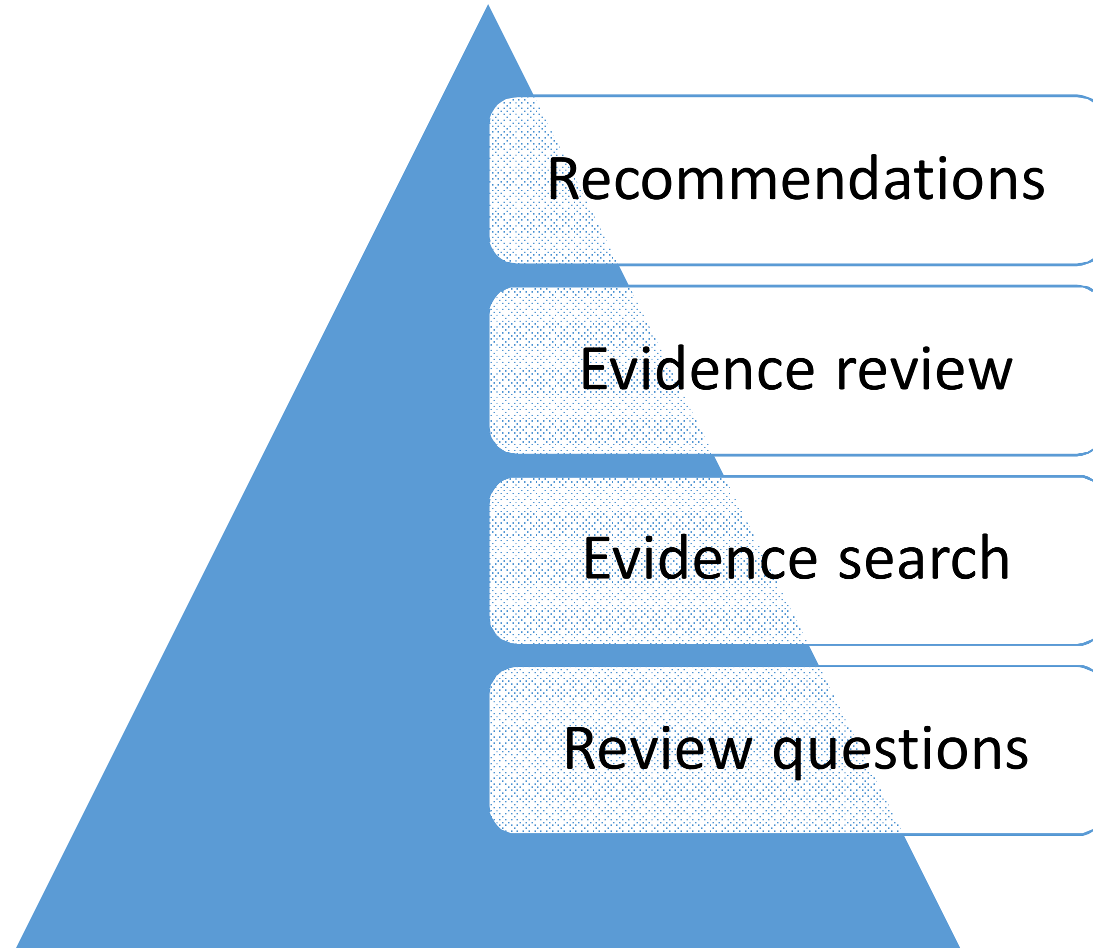
NICE guidelines

- Are sets of evidence based recommendations
- Generally support individual decision making
- Cover a wide range of topics in health, public health and social care
- Are not mandatory, but intended to guide practice

What works – our process



What works – our process



What works – our process

- Evidence is at the centre of our assessment processes
- Systematic methods used to search for, select, appraise, and synthesise evidence
- Range of methods used, depending on review question and the type of data
- Strength of recommendation reflects any uncertainty in the evidence

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http://www.nice.org.uk/article/PMG20/chapter/1%20Introduction%20and%20overview

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Published Guidance

1 Introduction and overview
2 The scope
3 Decision-making Committees
4 Developing review questions and planning the evidence review
5 Identifying the evidence: literature searching and evidence submission
6 Reviewing research evidence
7 Incorporating economic evaluation
8 Linking to other guidance

Developing NICE guidelines: the manual

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NICE article [PMG20] Published date: October 2014

Next

1 Introduction and overview

1.1 NICE guidelines
1.2 Information about this manual
1.3 Choice of guideline topics
1.4 Key principles for developing guidelines
1.5 Who is involved

https://www.nice.org.uk/article/pmg6/chapter/1%20introduction

What works – our approach

- In guidelines, the key question is often ‘does this intervention work?’
- We may also wish to know
  - When/in whom does this work/not work
  - How does this work?
  - What might help this intervention to work better?

What works – review questions

- Intermediate care – including reablement
  - What is the effectiveness and cost effectiveness of reablement?
  - What are the views and experiences of people using services and their carers in relation to reablement?
  - What are the views and experiences of health, social care and other practitioners about reablement?
- Learning disability and challenging behaviour service guidance
  - What is the appropriate community-based service capacity for people with learning disabilities and behaviour that challenges?
  - What is the appropriate inpatient bed capacity for people with learning disabilities and behaviour that challenges?
- Community engagement
  - How effective are community engagement approaches at improving health and wellbeing and reducing health inequalities?
  - Across disadvantaged groups, how effective are community engagement approaches at encouraging people to participate in activities to improve their health and wellbeing and realise their capabilities?
  - What processes and methods facilitate the realisation of community and individual capabilities and assets amongst disadvantaged groups?

What works – the evidence

- The 'best' evidence will depend on the guideline topic and the question that you are trying to answer
  - Effectiveness questions 'what works' – normally best answered by quantitative evidence from experimental studies (e.g. RCTs)
  - Cost-effectiveness questions - normally best answered by economic evaluations, although de novo modelling often required
  - Service user / carer experience – normally best answered by qualitative evidence
  - Service delivery - may utilise other forms of evidence such as surveys, audits and evaluations
- Guidelines developed to date have used wide range of different types of evidence

What works – the evidence??

- The Committee considers evidence in light of their own practice to develop guideline recommendations
- Where evidence is limited, unavailable or uncertain the Committee can use other approaches to develop recommendations:
  - expert testimony
  - consensus recommendations
  - research recommendations

What works – our recommendations

- Do not routinely offer pharmacological or mechanical VTE prophylaxis to patients with cancer having oncological treatment who are ambulant.
- Offer a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or mixed urinary incontinence.
- If a smoker's attempt to quit is unsuccessful using NRT, varenicline or bupropion, do not offer a repeat prescription within 6 months, unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner.
- Record the person's blood pressure every 6 months.

What works – our recommendations

- Consider combination chemotherapy to treat patients with advanced breast cancer for whom a greater probability of response is important and who understand and are likely to tolerate the additional toxicity.
- Consider collaborating with other organisations and sharing existing educational materials to ensure a comprehensive approach.

What works – the impact

- Older people with social care needs and multiple long-term conditions [NG22]
- Published November 2015
  - Recommendation: 1.6.2
    Health and social care practitioners should support older people with social care needs and multiple long-term conditions to maintain links with their friends, family and community, and identify if people are lonely or isolated.
- What was measured
  - Public Health Outcomes Framework indicator
    1.18: Proportion of adult social care users who have as much social contact as they would like.

Uptake | Older people with social care needs and multiple long-term conditions | Guidance and g - Windows Internet Explorer pro

https://www.nice.org.uk/guidance/NG22/uptake

Area covered:	England
Source:	Public Health England. Public Health Outcomes Framework

www.nice.org.uk/guidance/NG22/uptake

Return to NG22 Overview

How we developed this report

Gather

We gathered information that was newly available between April and October 2016. This included national data, local practice examples and information about NICE's communication activities.

Review

We reviewed the data and established whether it measured the uptake of NICE recommendations or quality standard measures.

Result

We analysed the resulting data and reported the trends and patterns that we identified. We used further supporting information to provide context to our findings.

What works – the impact

- Stop smoking services
  - NICE recommends that people who smoke should be offered therapy or a combination of treatments that have been proven to be effective. When people who smoke have set a quit date with an evidence-based smoking cessation service, they should be assessed for carbon monoxide levels 4 weeks after the quit date.
- Key findings
  - The QOF records that over 99% of practices support patients who smoke to stop using a strategy which includes providing literature and offering appropriate therapy. The routinely collected NHS Digital statistics on NHS stop smoking services record whether people who reported that they had quit smoking were validated with a carbon monoxide test, as recommended by NICE. This figure remains steady at around 70%.

What works – the impact

Key findings

- The number of people receiving **psychological therapies** for common mental health conditions has **more than doubled** in the last 4 years.
- The percentage of people accessing **early intervention in psychosis** services within 2 weeks of referral has **risen from 64% to over 80%** in the last year.
- In general practice, recording of a limited number of **physical health checks** for people with severe mental health conditions has **slightly dropped** over the last 4 years.
- Nearly **three quarters** of community mental health service users felt that they were always treated with **respect and dignity.** However **just over half** felt that they were involved as much as they wanted to be in **decisions about their care.**

What works – the outcome

What can you expect from a good home care service?

The care you get should reflect **what you want and what you have agreed** with the agency. The care should take into account what you feel you can do and what you want to be able to do.

You should feel comfortable around your care workers. They should **get to know you and be familiar with your needs** including how you like to communicate and your likes and dislikes.

Your care worker should respect your **cultural and religious values** (regarding food, for example) and make sure that your needs are met.

Your care workers should have **the right skills** to meet your needs. They should be able to support you, for example if you have dementia, are deaf, blind or deafblind, or need help coping with bereavement.

Your care agency should let you know in advance if a **different care worker** is coming to visit you.

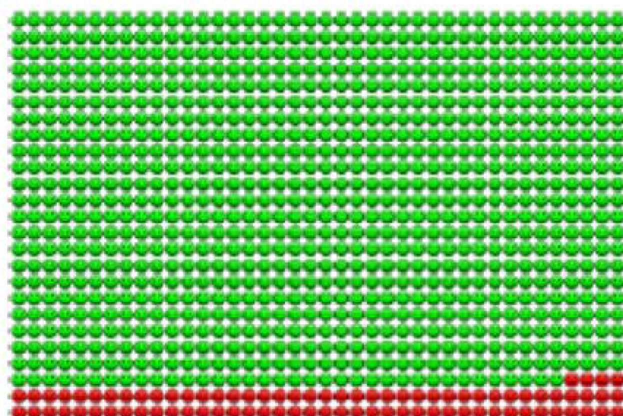
You should have a **care diary** to keep in your home. Home care workers and others who help you at home (like community nurses and physiotherapists) should update it every time they visit.

You should have a **home care plan** that describes the care the agency will be providing and is focused on the things that are important to you. If you have specific health problems or disabilities the plan should take these into account.

The agency should **review the plan** with you within six weeks of your first care visit to make sure that you are happy with it. After that, the plan should be reviewed at least once a year.

What works – the outcome

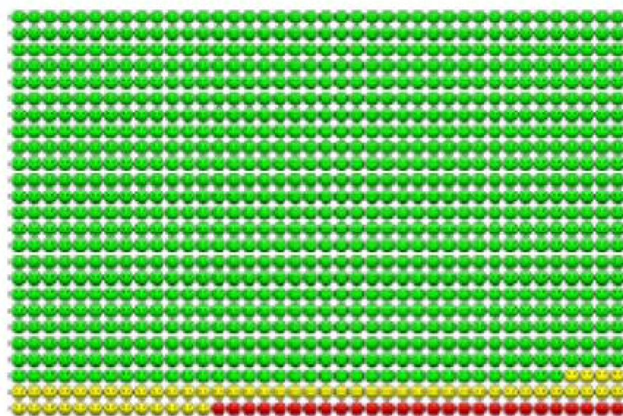
No treatment: CHA$_2$DS$_2$-VASc score 5



If 1000 people with AF and a CHA$_2$DS$_2$-VASc score of 5 take no anticoagulant, over 1 year on average:

- 916 people will not have an AF-related stroke (the green faces)
- 84 people will have an AF-related stroke (the red faces).

Anticoagulant: CHA$_2$DS$_2$-VASc score 5



If all 1000 people take an anticoagulant, over 1 year on average:

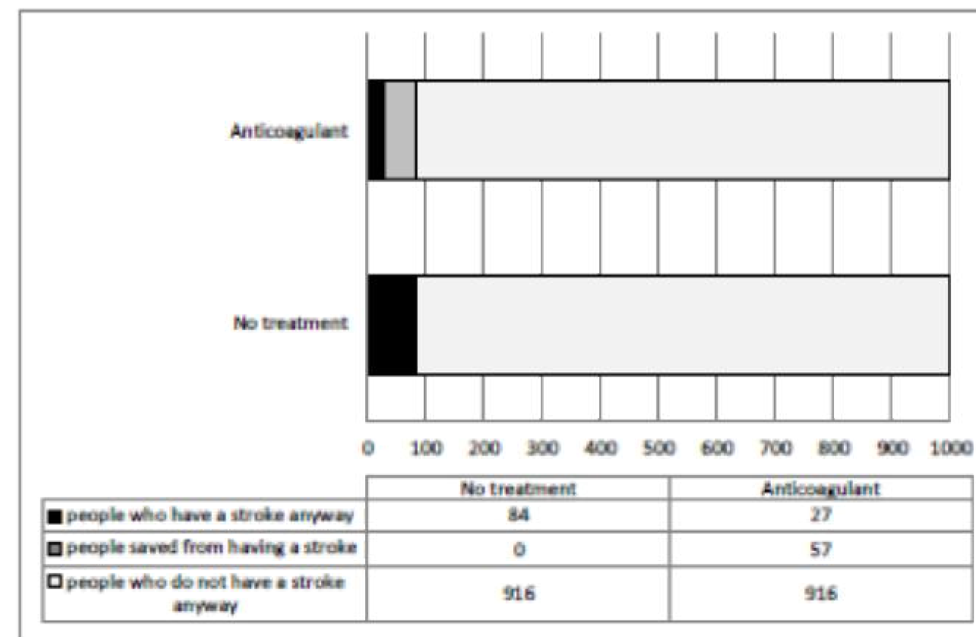
- 916 people will not have an AF-related stroke (the green faces), but would not have done anyway
- 57 people will be saved from having an AF-related stroke (the yellow faces)
- 27 people will still have an AF-related stroke (the red faces).

CHA$_2$DS$_2$-VASc score 5

These graphics are 2 different ways of showing the risk of AF-related (ischaemic) stroke in a group of 1000 people with atrial fibrillation and a CHA$_2$DS$_2$-VASc score of 5 **over 1 year**. If none of those people takes an anticoagulant, over the course of 1 year 84 people would have an AF-related stroke and 916 people would not. **If all 1000 people take an anticoagulant**, over the course of 1 year on average:

- 57 people will be saved from having an AF-related stroke
- 916 people will not have an AF-related stroke, but would not have done anyway
- 27 people will still have an AF-related stroke.

It is not possible to tell what will happen to an individual person.



	No treatment	Anticoagulant
people who have a stroke anyway	84	27
people saved from having a stroke	0	57
people who do not have a stroke anyway	916	916

What works in health and social care – summary

- Practice guidance using best available evidence
- Independent and multidisciplinary committees
- Resources to support implementation and monitoring