Approaches to and breadth of evidence used in NICE Social Care Guidelines

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Content

- Briefly how NICE develops clinical, public health and social care guidelines are there any differences?

- The guidelines portfolio & Case studies of approaches and breadth of evidence in NICE guidelines with a social intervention focus

- Vision for the future: The NICE strategy 2021 - 2026 … new approaches.

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NICE Guidelines 2002 - 2023

Clinical Guidelines

2002 - First *National Institute for Clinical Excellence* (NICE) clinical guideline published [CG1](CG1) Schizophrenia

Public Health Guidelines

2005 - New remit to include public health guidance [PH1](PH1) Smoking: brief interventions and referrals published March 2006

Renamed: National Institute for **Health** and Clinical Excellence

Social Care Guidelines

2013 - New remit to include social care guidance [SC1](SC1) Managing medicines in care homes published March 2014

Renamed: National Institute for Health and **Care** Excellence

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NICE Guideline Development Methods

Potential divergence in methods between directorates

2012 - [The clinical guidelines manual](#)

2012 - [Methods for the development of NICE public health guidance (3rd Ed)](#)

2013 – [The social care guidance manual](#)

'Unified' directorate, methods and processes for clinical, public health and social care guidelines

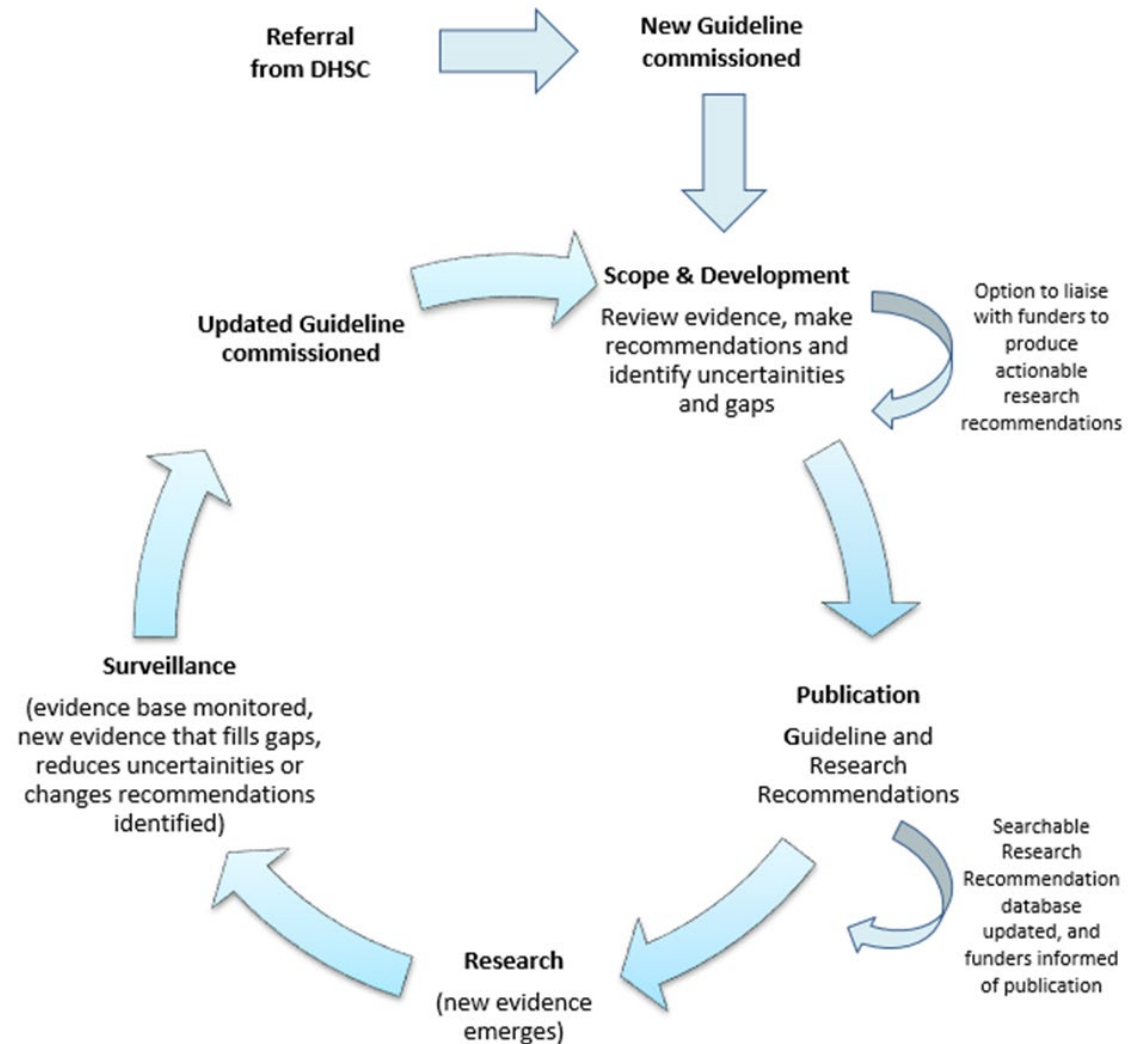2014 – [Developing NICE guidelines: the manual (last refresh 2022)](#)

Full update in progress since 2022…

- Updated NICE Principles

- NICE's approach to using Real World Evidence

- Portfolio transformation   - dynamic living guideline recommendations

- Incorporating technologies into guidelines

- Improving use of published SRs and guidelines developed outside NICE

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The Guideline development cycle

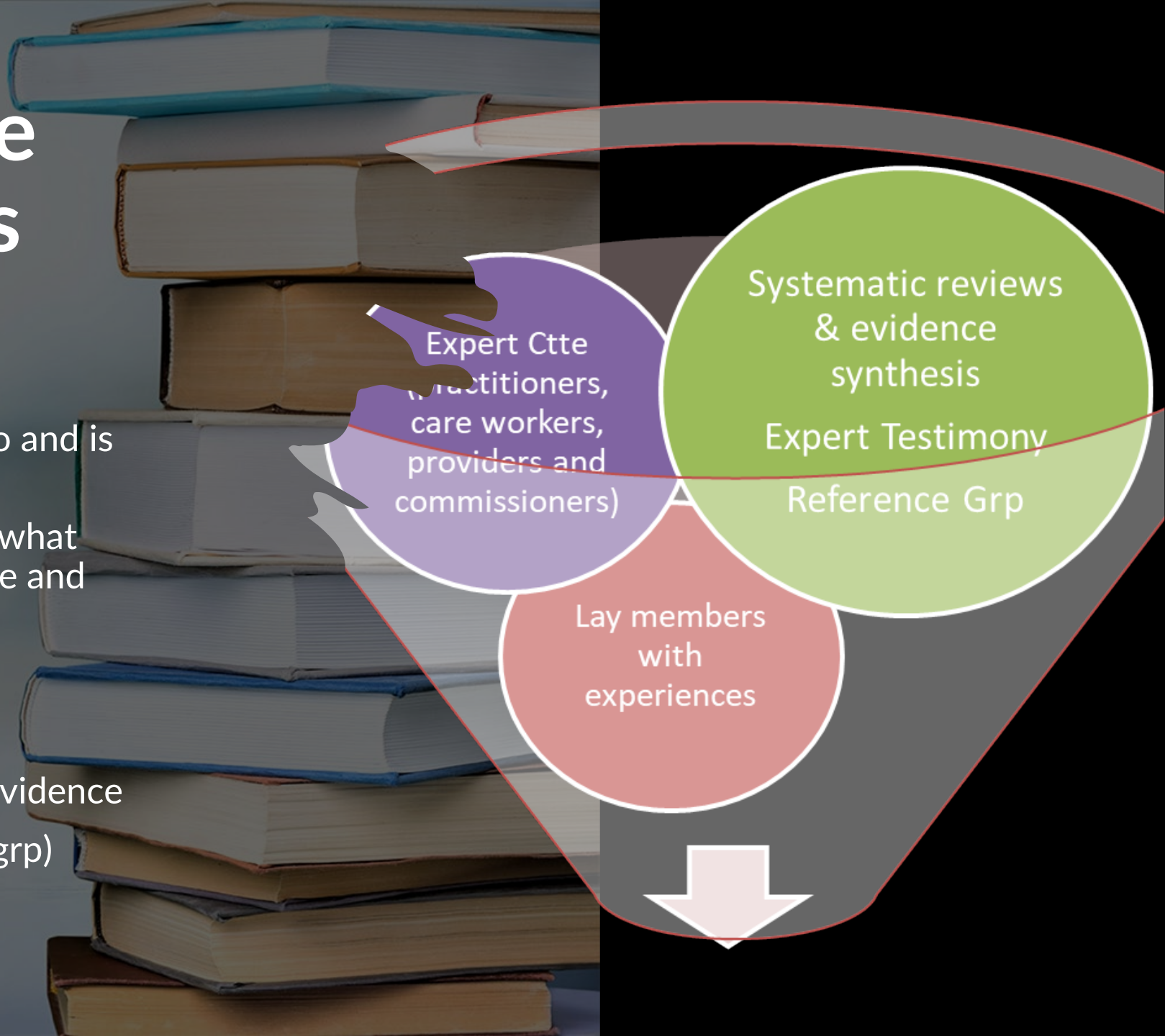NICE key principles for developing guidelines

- based on the best available evidence of what works, and what it costs.

- developed by independent and unbiased committees of experts. Minimum 2 lay members (people with personal experience of using health or care services, including carers, or from a community affected by the guideline)

- equality of opportunity is a core value, equality impact assessments completed throughout

- regular consultation allows organisations and individuals to comment on our recommendations.

- regularly checked, and updated when new evidence or intelligence emerges that changes recommendations.

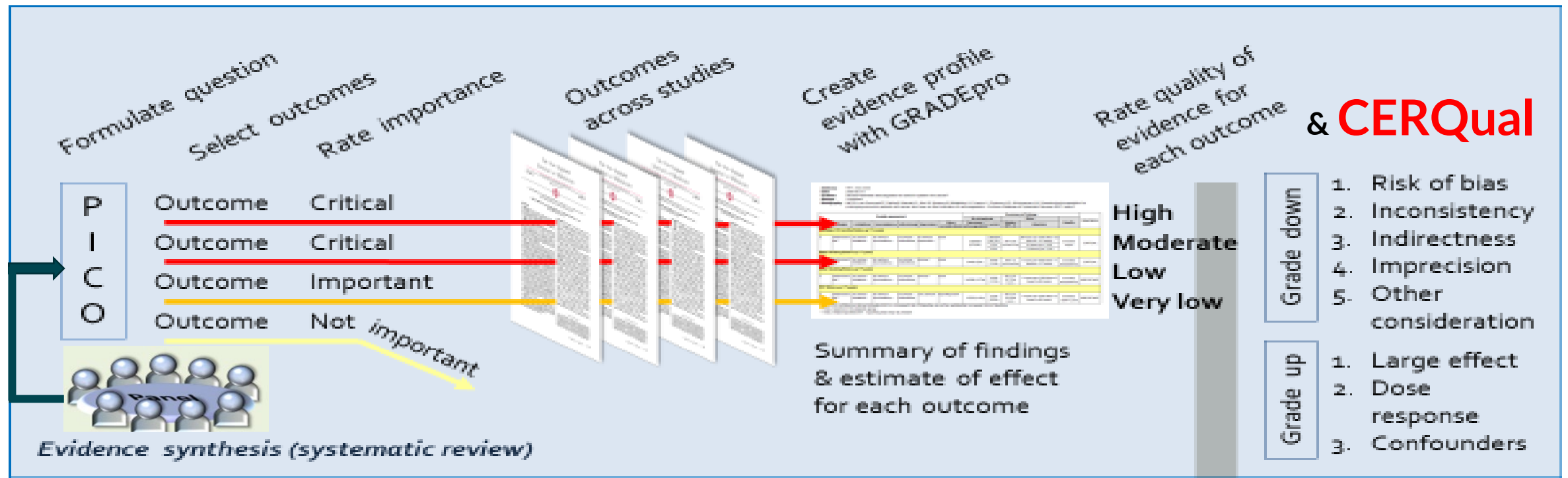- keep processes, methods and policies up-to-date.

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Referral from DHSC → New Guideline commissioned

Scope & Development
Review evidence, make recommendations and identify uncertainties and gaps

Option to liaise with funders to produce actionable research recommendations

Updated Guideline commissioned

Publication
Guideline and Research Recommendations

Searchable Research Recommendation database updated, and funders informed of publication

Surveillance
(evidence base monitored, new evidence that fills gaps, reduces uncertainties or changes recommendations identified)

Research
(new evidence emerges)

NICE Guideline methodologies

The melting pot:

- **Evidence** (What works, for who and is it a good use of resources)
- **Topic and Lay Experts** (unlock what the evidence means for practice and service users)

- Additional options or activities:
- Expert witnesses and Call for evidence
- Reference group (peer review grp)

Expert Ctte (practitioners, care workers, providers and commissioners)

Systematic reviews & evidence synthesis

Expert Testimony

Reference Grp

Lay members with experiences

Evidence synthesis (systematic review)

Formulate question — Select outcomes — Rate importance — Outcomes across studies — Create evidence profile with GRADEpro — Rate quality of evidence for each outcome — & CERQual

P
I
C
O

Outcome — Critical
Outcome — Critical
Outcome — Important
Outcome — Not important

High
Moderate
Low
Very low

Summary of findings & estimate of effect for each outcome

Grade down
1. Risk of bias
2. Inconsistency
3. Indirectness
4. Imprecision
5. Other consideration

Grade up
1. Large effect
2. Dose response
3. Confounders

Making recommendations (guidelines)

Develop recommendations:
•For or against (direction)
•Strong or weak (strength)

By considering:
❑Relative value of different outcomes
❑Quality of evidence
❑Trade off - benefits/harms
❑Health economics
❑Other considerations

Present evidence profile(s) and health economic evaluation to Guideline Committee

• "Offer xyz..."
• "Consider xyz..."
• "Do not use xyz..."

Committee Decision making

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NICE Guideline Portfolio…

with a social intervention and/or social care focus

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NICE Guideline Portfolio (May 2023)

Where possible and appropriate, NICE guidance is integrated across health, social care and public health. Approx. 300 guidelines with a variety of overlapping components from clinical (n~220), public health (n~70) and social care (n~70) topic areas.

Examples of published guidelines (with social intervention content):

#	Guideline Title
PH29 (2010)	Unintentional injuries: prevention strategies for under 15s
NG67 (2017)	Managing medicines for adults receiving social care in the community
NG97 (2018)	Dementia: assessment, management and support for people living with dementia and their carers
NG105 (2018)	Preventing suicide in community and custodial settings
NG146 (2019)	Workplace health: long -term sickness absence and capability to work
NG205 (2021)	Looked -after children and young people
NG216 (2022)	Social work with adults experiencing complex needs
NG227 (2022)	Advocacy services for adults with health and social care needs

Non-economic evidence NICE considers

- Quantitative (Randomised and non - randomised comparative; cross - sectional, epidemiological, surveys)

- Qualitative (interviews, focus groups, open ended survey, observation)

- Real World Evidence (audits, registries, administrative records)

- Formal consensus (Delphi/NGT)

- Guidelines from other developers or NICE

- Committee expertise/experience

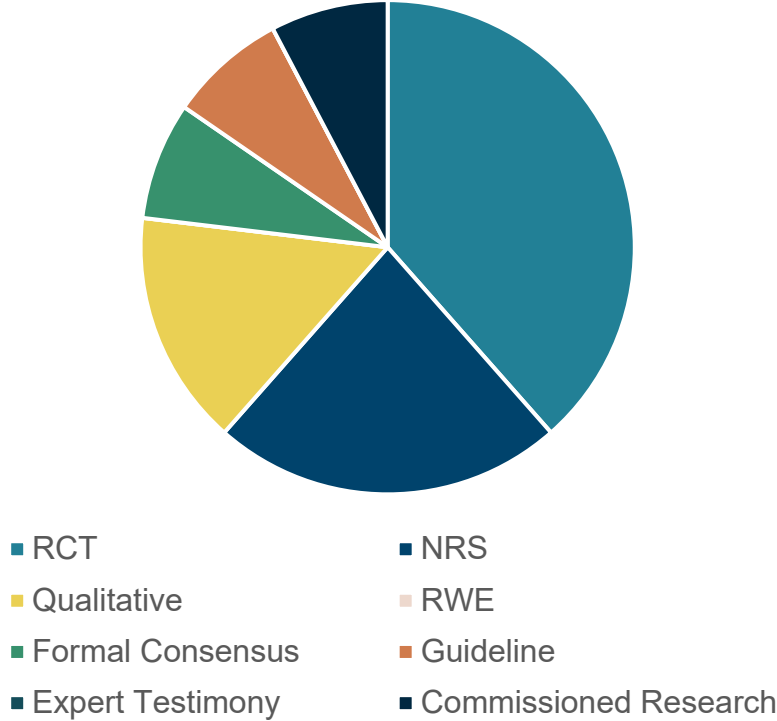- Expert Testimony

- Stakeholder consultation

- Commissioned primary research

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Case Studies – examples of evidence used in NICE Guidelines

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Challenging Behaviour and Learning Disabilities

Prevention and interventions for people with learning disabilities whose behaviour challenges > 60% of the evaluations that underpinned the guideline are non   -randomised evidence

Evidence	Y/N
RCT	✓
NRS	✓
Qualitative	✓
RWE	
Formal consensus	✓
NICE Guideline - adapted	✓
Expert Testimony	
Commissioned Research (validate recs)	✓

Evaluation Type

- ■ RCT
- ■ NRS
- ■ Qualitative
- ■ RWE
- ■ Formal Consensus
- ■ Guideline
- ■ Expert Testimony
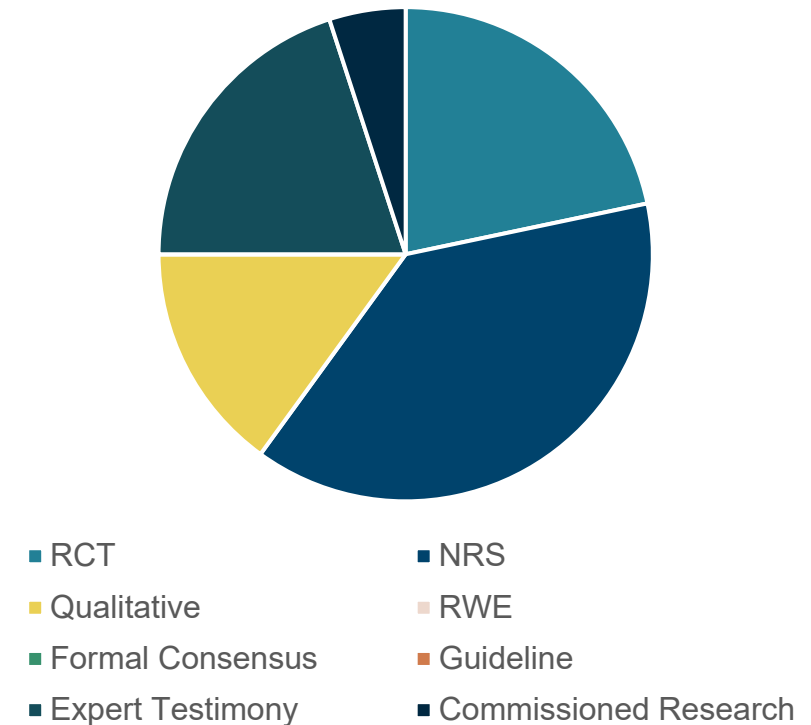- ■ Commissioned Research

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Domestic violence and abuse: multi - agency working

For recommendations on how to identify, prevent and reduce domestic violence and abuse > 75% of the evaluations that underpinned the guideline are non -randomised evidence

Evidence	Y/N
RCT	✓
NRS	✓
Qualitative	✓
RWE	
Formal consensus	
Guidance (NICE/Other)	
Expert Testimony	✓
Commissioned Research (validate recs)	✓

Evaluation Type

- ■ RCT
- ■ NRS
- ■ Qualitative
- ■ RWE
- ■ Formal Consensus
- ■ Guideline
- ■ Expert Testimony
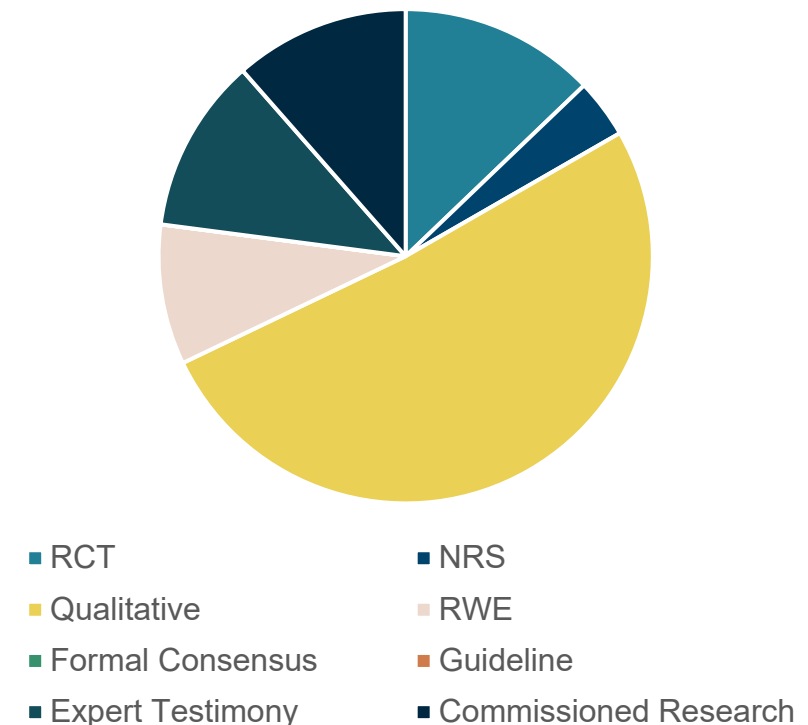- ■ Commissioned Research

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Integrated health and social care for people experiencing homelessness

For recommendations on how to improve access to and engagement with health and social care, and ensure care is coordinated across different services for homeless population > 85% of the evaluations that underpinned the guideline are non - randomised evidence with > 70% being qualitative in nature.

Evidence	Y/N
RCT	✓
NRS	✓
Qualitative	✓
RWE	
Formal consensus	
Guidance (NICE/Other)	
Expert Testimony	✓
Commissioned Research (validate recs)	✓

Evaluation Type

- RCT
- NRS
- Qualitative
- RWE
- Formal Consensus
- Guideline
- Expert Testimony
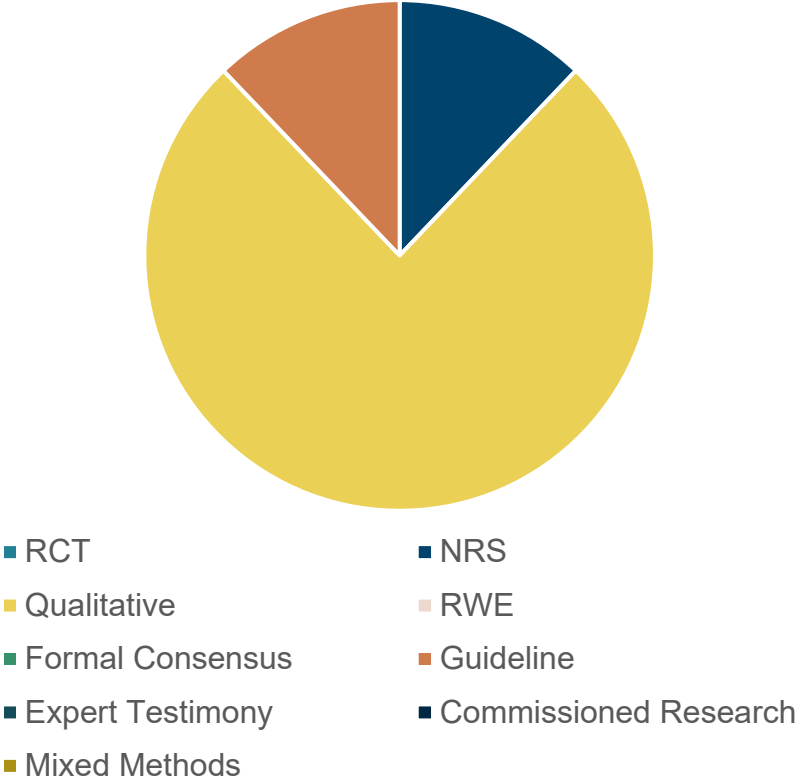- Commissioned Research

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Safeguarding Adults in Care Homes

For recommendations on keeping adults in care homes safe from abuse and neglect almost 100% of the evaluations that underpinned the guideline are non-randomised evidence with ~75% being qualitative.

Evidence	Y/N
RCT	✓
NRS	✓
Qualitative	✓
RWE	
Formal consensus	
Guidance (Others-AGREE II)	✓
Expert Testimony	
Commissioned Research (validate recs)	
Mixed methods (3 planned 0 possible)	

Evaluation Type

- RCT
- NRS
- Qualitative
- RWE
- Formal Consensus
- Guideline
- Expert Testimony
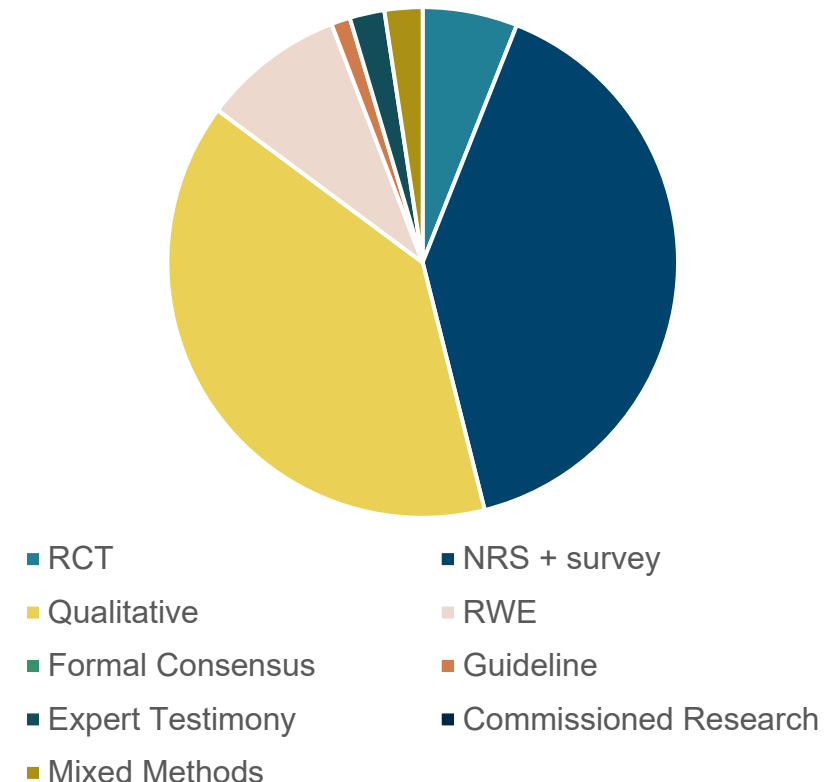- Commissioned Research
- Mixed Methods

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Learning disabilities and behaviour that challenges: service design and delivery

For recommendations on services for children, young people and adults with a learning disability 90% of the evaluations that underpinned the guideline are non   -randomised evidence with ~10% being real world evidence.

Evidence	Y/N
RCT	✓
NRS inc. surveys	✓
Qualitative	✓
RWE i.e. published audit/process evals	✓
Formal consensus	
Guidance (NICE – adapted)	✓
Expert Testimony	✓
Commissioned Research	
Mixed methods	✓

Evaluation Type

- ■ RCT
- ■ NRS + survey
- ■ Qualitative
- ■ RWE
- ■ Formal Consensus
- ■ Guideline
- ■ Expert Testimony
- ■ Commissioned Research
- ■ Mixed Methods

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Questions and Discussion (perhaps for later if time is available)

I'd be interested in knowing how the approaches I have outlined, align with your own experiences?

- Are there approaches you routinely include you recommend NICE considers?

- Are there approaches NICE use you wish to know more about?
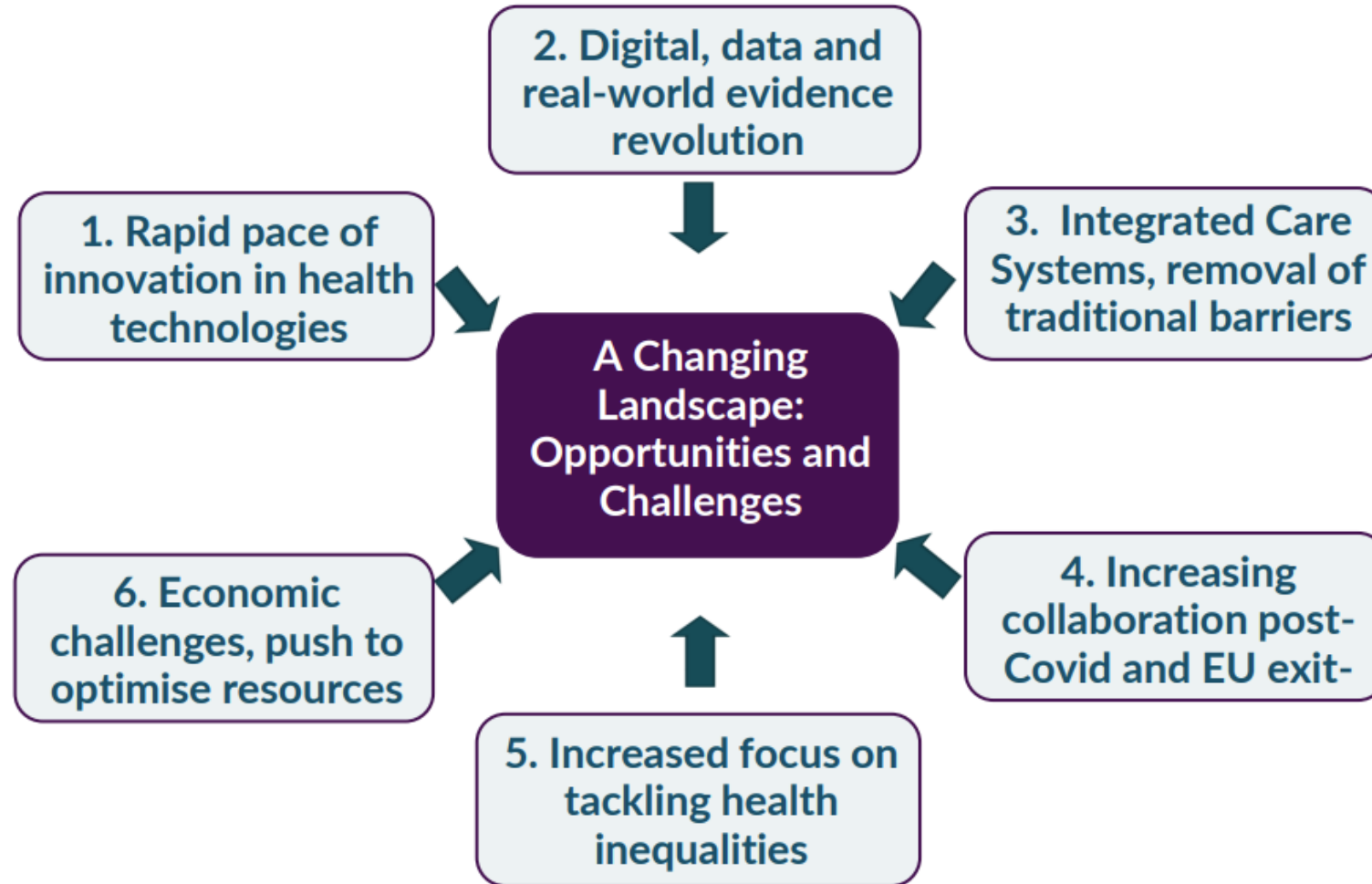
- Any other comments or queries?

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Vision for the future…

We are transforming…. how might the NICE strategic direction

impact on the breadth of evidence considered and our work with

external partners?

NICE strategy 2021 to 2026:

Dynamic, Collaborative, Excellent

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https://youtu.be/nEzHDghHtEA

The case for change: the environment NICE is operating in is rapidly evolving – we need to collaborate to meet these changes and embrace the opportunities presented

https://www.youtube.com/watch?v=rV56maCm_DE

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Global Collaboration

- INSIA
- ISPOR
- GIN

Formalised Partnerships

- Cochrane
- NIHR

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Sharing

Easier access to our evidence reviews to maximise their value to the system nationally and internationally by promoting access

Collaboration (examples)

Cochrane 'Collaboration Agreement' (formal):

- Since inception of the collaboration agreement (~20 Cochrane SRs) have been developed to directly inform NICE guidelines

- **Integrated health and social care for people experiencing homelessness (informal** – to be **explored further)** :

- Scope developed in partnership with the **Centre for Homelessness Impact (CHI)** and Public Health England (PHE)

- Evidence reviews produced with support from the **Campbell Collaboration** [*who developed the evidence gap map for CHI*] sharing of bibliographic databases, data and appraisal materials.

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Driving the research agenda

https://www.nice.org.uk/news/blog/nihr-launch-new-funding-call-to-address-nice-research-recommendations

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NIHR NICE rolling call specification document

Published: 11 August 2022   **Version:** V4.0 August 2022   🖶 Print this document
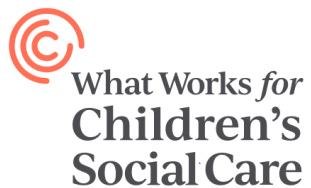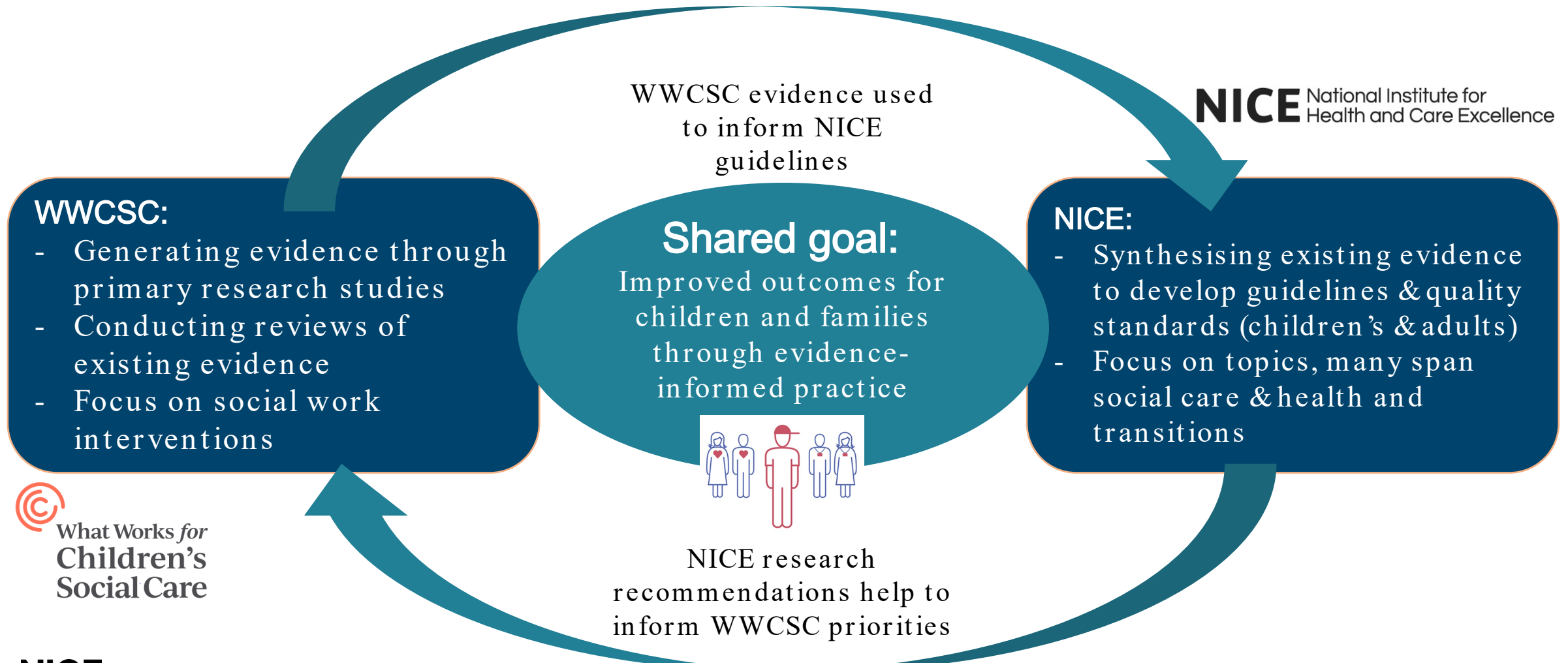
NIHR NICE rolling call for research studies addressing NICE research recommendations

The NIHR research programmes, Efficacy and Mechanism Evaluation (EME), Health and Social Care Delivery Research (HSDR), Health Technology Assessment (HTA) Public Health Research (PHR), are interested in receiving applications to meet recommendations in research identified in NICE guidance, that has been published or updated since 2015. For the purposes of this call, NICE guidance includes the following:

- clinical
- social care
- public health
- technology appraisals
- interventional procedures
- diagnostics

Contents

1. How to apply and supporting information
2. Deadline for proposals
3. Contact information

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Evidence-informed practice in children's social care – NICE and What works for children's social care (WWCSC)

WWCSC evidence used to inform NICE guidelines

WWCSC:
- Generating evidence through primary research studies
- Conducting reviews of existing evidence
- Focus on social work interventions

Shared goal:
Improved outcomes for children and families through evidence-informed practice

NICE:
- Synthesising existing evidence to develop guidelines & quality standards (children's & adults)
- Focus on topics, many span social care & health and transitions

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What Works *for* **Children's Social Care**

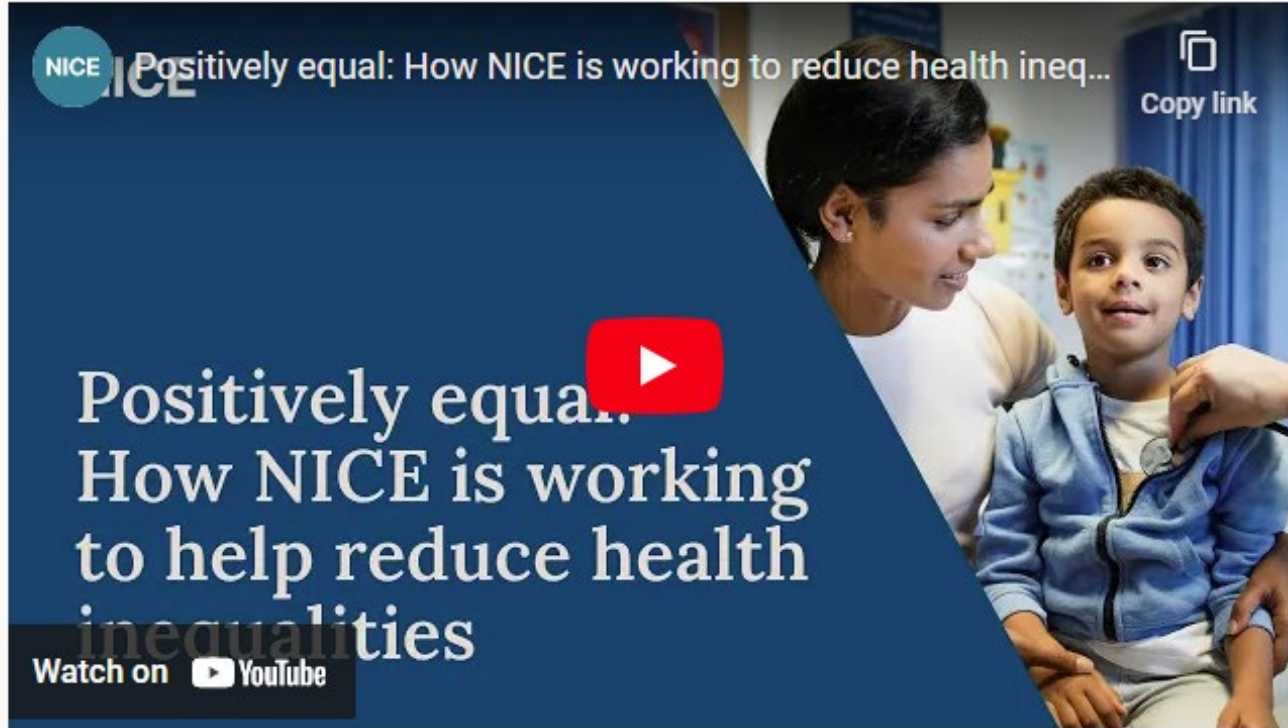**NICE research recommendations help to inform WWCSC priorities**

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Health inequalities webinar

Watch a virtual event on how we're considering health inequalities in our work, and aligning our priorities to meet the needs of the health and care system.
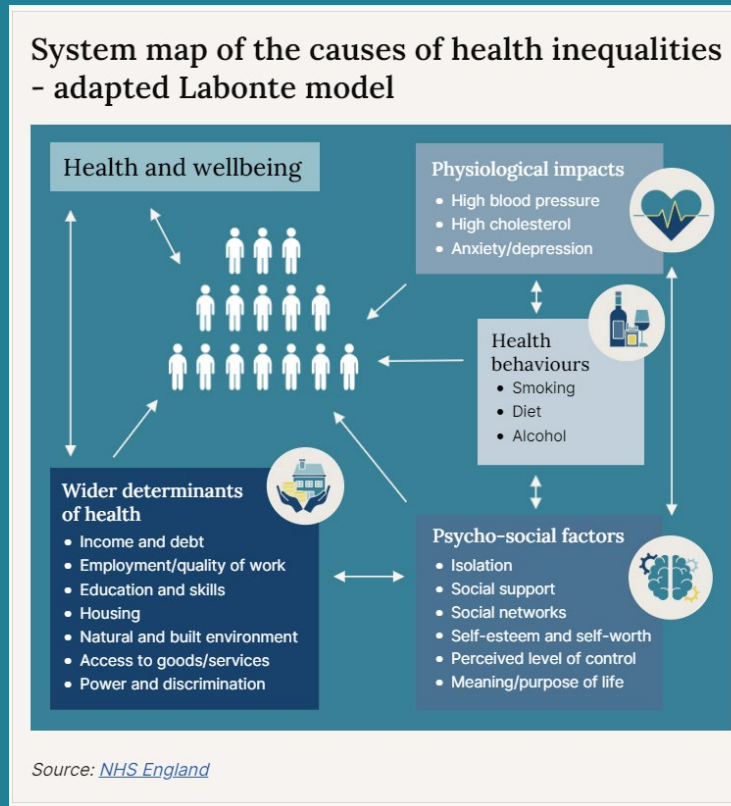

NICE | Positively equal: How NICE is working to reduce health ineq...

Copy link

Positively equal:
How NICE is working
to help reduce health
inequalities

Watch on ▶ YouTube

https://youtu.be/rz_XR6SS_Vs

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Health Inequalities

System map of the causes of health inequalities - adapted Labonte model
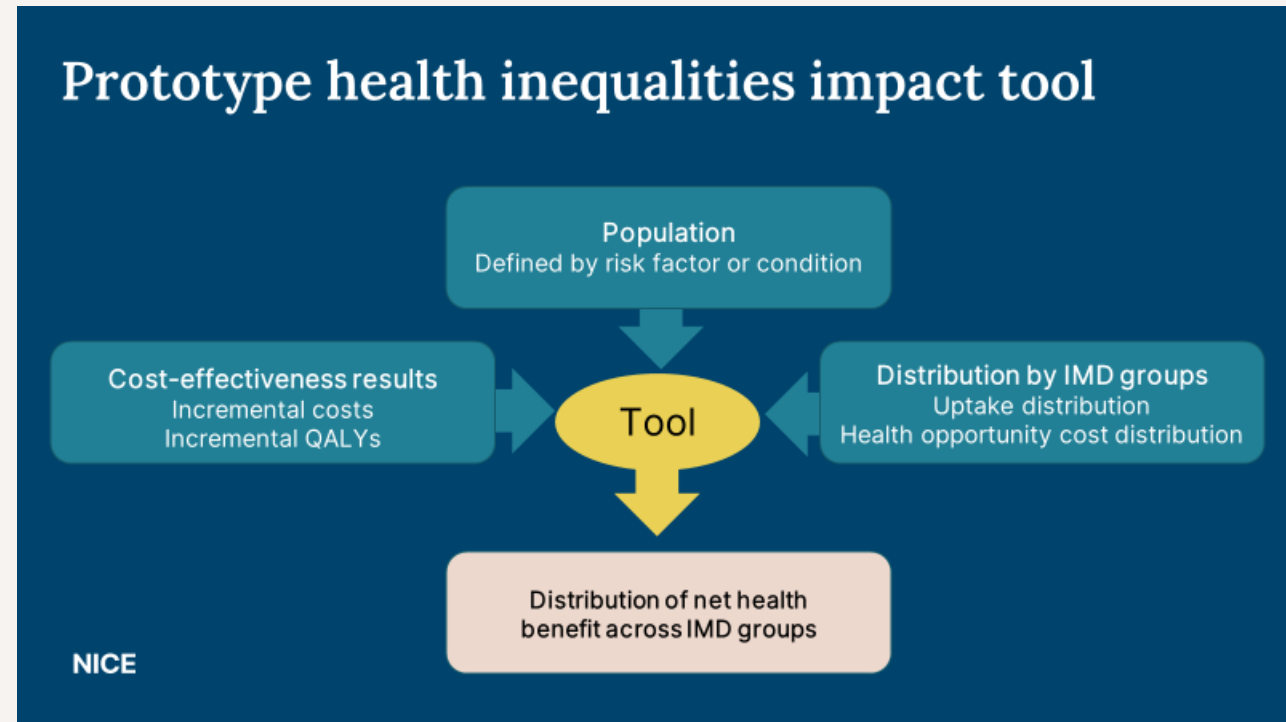
Source: NHS England

Psycho-social factors

Isolation

Social support

Social networks

Self-esteem and self-worth

PH40 Social and emotional wellbeing: early years

QS128 Early years: promoting health and wellbeing in under 5s

NG32 Older people: independence and mental wellbeing

Perceived level of control

- Updated Equality assessment extended to include health inequalities

- Health inequalities briefing   – pilot

- Prototype health inequality impact tool   – pilot

- Mapping Guidance

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Health Inequality impact prototype tool

Developed to explore potential impact on health inequalities of NICE recommendations

Commissioned by NICE, developed by University of York

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International Network for Social Intervention Assessment (INSIA)

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Aims and Objectives

- supporting international coordination, cooperation, and collaboration in the production of social intervention assessments and systematic reviews

- developing and promoting methodological principles and guidelines for systematic reviews of social interventions

- developing and promoting tools and methods to share, translate and adapt systematic reviews of social interventions

- promoting evidence -informed decision - and policy making in the field of social welfare

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Thank You