

NICE integrated topic prioritisation and strategic principles

This consultation is seeking views on NICE's new and integrated approach to topic selection and prioritisation.

The consultation covers the following.

- NICE's integrated topic prioritisation manual - which provides an overview of the process through which NICE will identify new topics and updates for prioritisation, and the decision-making framework that will be used by the NICE Prioritisation Board.
- NICE's Strategic Principles for public health, social care and rare diseases.

Please click on the following link to read through the different sections and relevant supporting documents: [Consultation](#)

- Comments on section 3: We would welcome some clarity around who qualifies for engagement in section 4 in terms of national policy teams, clinical leaders, patient groups. Further information regarding these groups e.g NCDs within NHSE, Royal Colleges or specific patient groups is important as this will be a determining factor for integrated topic prioritisation. Although, there is reference to the prioritisation board, it is important to understand the governance and independence of this board.
- Comments on section 4: This section states that the priorities will be identified by 'clinical leaders... policy etc'. Medical independent therapeutic leadership figures are harder to identify than e.g. pharmacists who have strong national structures. Innovative approaches may be needed to understand the priorities of front-line medics.
- Comments on section 5.1: We would welcome the focus on the priorities of the health and care system and the partnership working with ICSs. However, we question the autonomy and variation in priorities of different ICSs will be taken into account, to ensure there is a national overview, following the NHSE Operating framework. We recommend that individual organisations with a wide range of individuals may need an organisational response rather than an individual clinical voice.
- Comments on section 6.3: We question if there will be a process to ensure that NICE's resources are suitably balanced between medicines, technologies and guideline development. There is a risk that the focus will move further away from guidelines due to the commercial aspects of industry resources and incentives.
- Comments on section 6.3.1 We welcome the opportunity for a new guideline or guideline topic based on significant and unwarranted variation in practice, but it is important for this also to consider patient outcomes.

- Comments on section 7.1: We would welcome the input and the naming of relevant Royal Colleges (including RCGP) within the development of topic briefings for prioritisation.
- Comments on section 7.3.1: We welcome the potential impact of the guidance on health and care infrastructure, especially on workforce capacity constraints or burden, and believe this is most relevant to the RCGP. The other areas including health inequalities and environmental sustainability are also a part of the overarching RCGP priorities and manifesto commitments.
- Comments on section 7.5: As one of the Royal Colleges we would welcome a conversation on how the decision to engage with us would be made by the prioritisation board for a topic that has not been prioritised.
- Comments on section 8: Section 8 & appendix : Prioritisation board membership is high-level and strategic, with very limited clinical/front-line input. This may need revisiting and ensuring that subcommittee address this effectively. Currently, there is no clear formal primary care input to the prioritisation board or any specific General Practice input. We recommend that when a GP representative is appointed to the prioritisation board that there are clear links with the RCGP.
- Comments on section 12.2.1: We are concerned that this section does not include ageing well which is also an important area as outlined by the recent CMO report “Health in an Ageing Society”.
- Comments on section 12.4.3: With regard to rare diseases, we welcome these strategic principles but would also recommend considering a principle of proportionality when considering rare diseases. This is important for General Practitioners who are Specialist diagnosticians and are also specialists at managing risk and therefore will need to understand how this relates to clinical practice.