

PMG46 NICE-wide topic prioritisation manual update

Consultation questions

Question 1

Do you agree NICE should focus on guidance production and maintenance on priority areas (section 5) and these should be reviewed periodically to ensure NICE is supporting what the health and care system needs?

If you disagree, please give reason and rationale.

Yes, we are in agreement.

Para 5.1: We question if there a mechanism to manage enquiries from the general public or are individuals asked to contact a specialist society in the field or their Royal College? It would be beneficial to add a paragraph explaining how NICE handles such enquiries and advising members of the public how best to proceed, perhaps quoting a few examples or case studies.

Question 2

Do you agree that NICE should be transparent about its remit (section 3.12, section 6.1.1 and 6.2)?

If you disagree, please give reason and rationale.

Yes, we believe NICE should be transparent about its remit.

1) We believe, there is a potential risk here. For example, the CQC may draft guidelines and advice based on its interpretation of NICE guidance. That interpretation may be inappropriate and increase the regulatory burden on organisations being scrutinised.

2) Does or should NICE's role include scrutiny of Mandatory and Statutory training for NHS and social care organisations?

3) Excessive or inappropriate training is a burden on organisations and means that staff are less available to provide services that are already in short supply. Typically, many organisations require staff to undertake some training annually when three-yearly would suffice. Such organisations typically state that they have these annual requirements in order to please the CQC. I recall a conversation in 2024 with a senior CQC officer about my concerns about the effect of over-zealous mandatory and statutory training. This individual seemed incapable of understanding my concern, let alone giving a reasoned response.

4) We believe that mandatory and statutory training is like a medical intervention, and that it should be evidence-based. There should be an emphasis on outcomes, including how such

training significantly improves the quality of life for target population(s), and the effect on the efficiency of the services.

5) Quality standards would be beneficial.

Question 3

Do you think the new process and consideration factors for NICE to propose topics to the Secretary of State for NHAP are robust and transparent (section 4 and Annex A)?

If you disagree, please give reason and rationale.

Are there any other factors NICE should include to consider?

Yes, we believe it would be beneficial to quote examples or case studies.

Question 4

Do you think the new merged single-stage prioritisation framework is more streamlined and efficient for topic selection?

If you disagree, please give reason and rationale.

It would be beneficial to quote case studies, for example taking a previous NICE guideline and explaining how the new merged single-stage prioritisation framework would have been beneficial for that guideline or otherwise.