

Understanding NICE Decision-Making Committees:

A Qualitative Exploration

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BACKGROUND

The National Institute for Health and Care Excellence, NICE, the UK health technology evaluation body, designs methods and processes to provide recommendations, known as NICE guidance, on the use of new and existing medicines, products, and treatments within the NHS. The mission statement for NICE is to help practitioners and commissioners deliver the best care to people quickly, while ensuring value for the taxpayer. Organizations submit multiple Health Technology Assessments (HTAs) each year, with NICE approving over 100 technologies annually. As the NHS evolves and the needs of the population change, so does NICE and its processes. We, as an industry, must ask: Are we adapting to meet NICE’s expectations and today’s population demands? To answer this, we consult former NICE committee members. We seek their insights on how to address complex needs and simplify decision-making. This study aims to understand the needs and perspectives of NICE committee members. These experts, including practitioners, professionals, providers, commissioners, researchers, and lay members, play a crucial role in assessing innovations related to patient care. By exploring effective communication, storytelling, submission structure, and writing style through one-on-one interviews, our goal is to enhance clarity, engagement, and usability in the development of our submission documents. We seek overarching themes to improve the suitability of our submissions to NICE.

RESULTS

Insight: Think Local Act Local – *The healthcare system in the UK it’s history and context dictates any submission must be tailored to the local market it’s patients and needs.*

- “Companies are often in a difficult position as they have something from global, they might have little choice in what they can say and do.”
- “Global teams need to listen to the UK.”
- “Global needs to give the UK more control to make the process easier.”
- “Your submission must have a UK view.”



Insight : A Maze Thing – *The complex volume of information is impossible to navigate effectively and puts most at a disadvantage for different reasons.*

- “Some committee members don’t read anything other than the pre-read, some read it on the way to the meeting it’s very hit and miss”
- “Understand your audience most committee members do not read the full submission. Some do not read the pre-read the slides are important.”
- “Submissions can be hundreds of pages long. These are volunteers who are unpaid.”
- “I read the whole submission. Others won’t others may just read the EAG report and responses.”

Insight: Trust No One – *NICE do not feel able to easily trust and have an inbuilt sceptical mindset particularly around the Pharma industry.*

- “Large companies sometimes think they’re smart and try to hoodwink us they believe they will be better at challenging and use the threat of going to appeal.”
- “If parts of the document are too short, it will create ambiguity.”
- “I know what companies do to hide information.”
- “If the economic model is shown to be wrong, that’s a big no-no.”

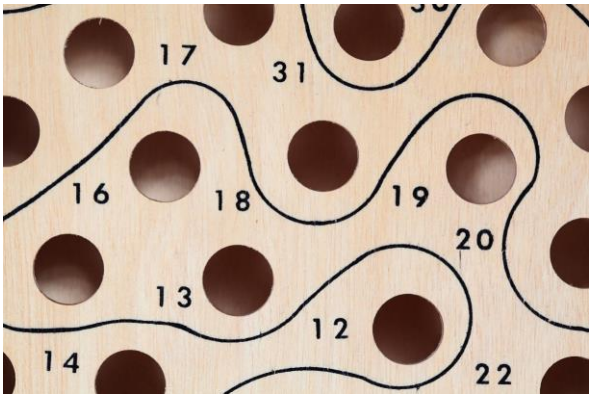


Insight: Don’t Jump the Tracks – *There is a relentless pressure and expectation to follow the process only matched by a fear of setting a new precedent.*

- “There is a sense of duty to follow the path and assumed previous good practice.”
- “There is a strong pressure to confirm.”
- “Everybody feels it and thinks about it.”
- “If you break precedent, you break a lot more you cannot see.”

Insight: Think End-End Process- *the submission is just one part of the process that determines the outcome.*

- “The work is done before the committee meeting in the submission and before that the scoping.”
- “So much is predetermined before the committee stage how the whole submission tracks is key there are a lot of assumptions and preconceived ideas.”
- “There are opportunities to engage at different points, but sometimes it’s too late to change things.”
- “Get NICE on your side they are putting your story across.”



Insight: Red thread- *To be believable and compelling you have to tell the Story right from the unmet need to value for money and impact(in everything you say).*

- “Instinctively, despite the need for scientific rigour, we’re still looking for a consistent Story and a sense we can trust the whole thing.”
- “There is a clear story from unmet need to value for money.”
- “Use the exec summary to land all your points I would not read the reports myself. I trust my team to do that.”
- “It needs to be high on usability, remember that committees have to have at least three topics to discuss needs to be digestible and dissectible.”

DISCLOSURES & CONTACT

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OBJECTIVES

- This study aimed to understand the needs and perspectives of National Institute for Health and Care Excellence (NICE) committee members to enhance the clarity and usability of our submissions . These experts, including practitioners, professionals, providers, commissioners and researchers are critical in assessing innovations related to patient care.
- By exploring how effective communication can be used in submission dossiers through one-on-one interviews we sought to uncover common overarching themes to improve committee members understanding and engagement.

METHOD

- We adopted a "Listening and Appreciation" approach, prioritising non-technical elements over product specific or health economic methodologies and data analytics.
- Through anonymised virtual one-on-one interviews with five individual's representative of typical committee members with current or recent committee experience, we explored effective communication, storytelling, submission structure, emphasis and writing style.
- We commissioned a third-party consultancy to conduct the interviews to reduce bias
- The responses from the interviews were analysed and clustered into ten insights (with quotes).

Insight: Lost in Translation - *Despite systems (checks and balances) to prevent it the language of the information covered prevent some from engaging fully in the process and discussion.*

- “Use NICE terminology not Pharma language i.e. Country vs. Market.”
- “There is such a diverse group of people with eyes on this. There is a paradox between the detail required and the expertise employed and the ability to then translate it.”
- “ NICE are thinking how do we make the pre-read simple.”
- “There are key areas and moments where the whole submission needs to speak to me, and it rarely does.”



Insight: Star Chamber: - *The importance of key roles and key conversations cannot be underestimated in terms of their influence.*

- “Build a relationship with the Associate Director(NICE) Have more touch points with the AD.”
- “ If the EAG digs in we have to listen to that and give it attention (especially if there are ANY doubts or questions about the evidence base). If there is a no rush to approve, I might actually dig into the detail.”
- “Its super complex; not everyone sees and appreciates the whole and things are interlinked.”
- “It depends if the Chair spots it. It’s the Chair’s job to reframe and ask simple questions. People may bluff their way through.”

Insight Stiff Upper lip Please- *Everyone talks about a unique unmet need/ special cases. Committee members (may) have Compassion Fatigue and ultimately follow the evidence.*

- “Ultimately it’s about value for money for society.”
- “It’s a technical decision not an emotive one.”
- “Everybody hurts. We know. And we have a job to do that requires objectivity and consistency.”
- “Stepping back from the emotional, it can become too personal, they cannot see the wood for the trees they are so desperate they buy into their own rhetoric. They fail to hear the push back.”



Insight Value for Money - *The pursuit of value for the Health Service and UK Government is an Iron Rod that runs through everything.*

- “Achieving value for money is the primary rod that sits at the centre of everything.”
- “The UK need more flexibility on price, or they need to make it easier to negotiate with Global. A bit more realism.”
- “NICE as an agency is trying to get access to all medicines it wants great prices.”
- “Be willing to give more so we can say yes first time, but they are not willing.”

Conclusion

- Pharmaceutical companies operate globally, it is crucial to adopt a local mindset when submitting to NICE. From the outset, it is best that clinical trials are aligned with UK and NHS best practices to be successful in the UK. A successful submission to NICE is one that understands its audience, this includes experts, clinicians, health economists, patient organisations, and lay members. Many committee members will only read the pre-read, so ensuring this document meets the needs of the target audience allows members to be better informed and understand the company’s perspective.
- Engaging with the EAG early is essential to resolve issues and answer questions before the committee meeting. Preparing for potentially contentious areas in advance and labelling them in the narrative is highly valued for its transparency. Experimenting with different communication methods, such as graphics, visuals, and videos, can enhance submissions. Reviewing writing styles and document structure ensures a clear narrative throughout
- Whilst this research provides insights into the views of committee members of past, it is important to highlight its limitations. The sample size is small, with only five individuals interviewed. Ideally, a larger pool would provide more comprehensive insights. However, by working together, both industry and NICE can continue to build on the strong foundations created over many years. The shared purpose is to bring the best care to patients in a timely manner, improving the lives of patients, their families, and communities.