

NICE Listens prioritisation project recommendations

Based on the findings from this NICE Listens project, we developed recommendations in 2 areas: (1) applying the prioritisation framework; and (2) general recommendations on prioritisation.

Applying the prioritisation framework

The following recommendations relate to how participants in the dialogue would like us to consider some of the domains of the prioritisation framework. Further information on how participants would like NICE to act with regard to health inequalities and environmental sustainability can be found in the recommendations of the [previous NICE Listens projects](#).

Health and care need

- 1 When assessing health and care need, we should consider a broad range of measures including:
 - a. prevalence
 - b. severity
 - c. burden of disease
 - d. burden of unpaid care
 - e. experience of care (including access to and quality of care)
 - f. ability to contribute to society.
- 2 We should be transparent about what measures of health and care need have fed into prioritisation decisions.

Evidence availability

- 3 When assessing the availability of evidence, we should consider a broad range of evidence types and sources, including real world evidence and evidence from other countries.
- 4 If gaps in evidence are identified as a primary reason not to prioritise a topic and there is a high unmet need, we should

accelerate our work with research partners to facilitate evidence generation in these areas.

System and budget impact

- 5 We should ensure that people's care and experience of the health and care system are not compromised when we pursue opportunities to relieve system and budget pressures.
- 6 We should aim to produce guidance that is feasible to implement. However, implementation challenges should not act as a barrier to prioritising a topic if there is a clear and urgent unmet need for NICE guidance.

Health inequalities

- 7 We should ensure prioritisation decisions are underpinned by an aim to make the health and care system as fair as possible by prioritising guidance for those with the greatest health and care need (see measures in [recommendation 1](#)). This might mean sometimes focusing on particular conditions or groups, rather than the broader population.

Environmental sustainability

- 8 We should aim to improve the environmental sustainability of the health and care system, including acting on 'quick win' opportunities to reduce environmental harms, in ways that also improve health outcomes, respect people's preferences, and avoid exacerbating health inequalities.

General recommendations on prioritisation

The following recommendations relate to overarching values or expectations that participants in the dialogue had around how NICE should prioritise its topics for guidance.

- 9 We should consider whether NICE guidance can have a direct impact on the outcomes of people with the health and care need.
- 10 When the impact is likely to be indirect or uncertain, we should assess the value that NICE guidance might add, particularly if there are government bodies or other organisations active in the same area. This may include guidance that relies on uptake from multiple actors outside of the health and care system, in areas such as education, housing, and employment.
- 11 We should take advantage of opportunities to produce useful and useable outputs in areas where NICE is uniquely placed to address a specific need (e.g. a health and care need, a system or budget need, or a sustainability need). This means allowing flexibility in the prioritisation process to action 'quick wins', including non-guidance outputs, when opportunities arise.