From: Andrew Dillon [mailto:Andrew.Dillon@nice.org.uk]
Sent: 24 December 2019 10:32
To: David Healy (BCUHB - Mental Health & Learning Disabilities); 'vaughan.gething@gov.wales'; 'richard.pengelly@health-ni.gov.uk'; 'june.raine@mhra.gsi.gov.uk'; Paul Chrisp; 'PSChiefMedicalOfficer@gov.wales'
Subject: RE: Letter to M Hancock

David,

I'm not really sure how to respond to this, to be honest. I'm not so naïve as to imagine that clinical trials are always either complete or completely accurate. I know that you're not implying that, but it's worth saying anyway. Our advisory committees are not uncritical either. It's through the committee's, applying our methods, that we can expose uncertainties and risks and try to reflect them in in our guidance. (by the way, when we refer to NICE 'guidance' we mean all the various forms of advice we publish, which includes our clinical, public health and social care 'guidelines').

I think you're being a little hard on NICE. I imagine that you're some way into your career, but people starting out tell us that they appreciate the steer that our guidance gives them. Interestingly, views are expressed on both sides of the argument about the extend to which our recommendations direct practice, as opposed to encouraging informed judgement. Both have their place, I think; the former particularly when there is a need to communicate a clear signal about safe practice. Through our Fellows and Scholars and prescribing advisors (clinical pharmacists) programmes, we reach significant numbers of health and social care professionals with a message about the extent and the limitations of NICE guidance. I haven't formed the impression, in the contacts with the people involved, that they apply the guidance uncritically. If some young health professionals feel that they have to, better that they rely on our guidance than struggle without it, or worse, use less authoritative sources (if you'll permit me to promote my own organisation).

I was interested in your point about 'regulators (making) the kind of efforts that companies make to determine whether their drug causes a problem, which involves consulting with patients and doctors as to what has happened and often deciding their drug has in fact caused a problem.' If by that you mean we should be tracking the effect of our recommendations, including the extent to which known as well as unanticipated risks have materialised, I would agree. Our ability to do that is limited partly by the availability of data and partly by resources. However, we are investing in an enhanced data analytics capacity, which we hope will put us in a better position to do this.

I don't know who else you can approach to engage in this. The academic health science networks perhaps? Google, or one of the other new players in the data crunching business? Meanwhile, we'll keep on going in our admittedly flawed way, to try and keep patients and health professionals safe.

Regards,

Andrew