NICE Thyroid disease guideline NG145
published November 2019

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Guideline Chair
Grad Dip Phys, MCSP,
MSc, PG Dip Mgt (Open)
• Guideline development process
• Scoping the topic
• Stakeholders
• Committee recruitment
• Working with NICE
• The final output
How are NICE guidelines developed?

- Committee of experts (clinicians and lay members)
- Technical team (National Guideline Centre at the Royal College of Physicians)
- NICE team oversight
- Best available research evidence
- Health economics evidence and modelling
• 13 committee meetings
• 13 committee members, 6 co-optees
• 1 guideline
• 16 evidence reviews
• 175 stakeholders registered

Development in numbers
The process

• Scoping:
  • Department of health choose the topic – important to the NHS
  • NICE agree to develop and scope the key questions: areas of uncertainty or variation in treatment across the NHS
  • Stakeholders invited to comment/attend stakeholder event (September 2017)
  • Scope is reviewed and finalised
Recruitment
The committee: open recruitment adverts on NICE website: 13 members

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<thead>
<tr>
<th>Core committee members</th>
<th>Co-optees</th>
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<tbody>
<tr>
<td>Independent chair</td>
<td>Radiologist</td>
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<tr>
<td>Endocrinologist and clinical advisor</td>
<td>Pathologist</td>
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<tr>
<td>Endocrinologists (2)</td>
<td>Thyroid surgeon</td>
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<td>Paediatric endocrinologists (2)</td>
<td>Biochemist</td>
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<td>Lay members (3)</td>
<td>Psychiatrist</td>
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<td>GPs (2)</td>
<td>Medical physicist</td>
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<td>Specialist Nurse</td>
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<td>Hospital pharmacist</td>
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• Guideline lead
• Senior project manager
• Project manager
• Head of health economics
• Senior health economist
• Health economist
• Senior Research Fellow
• Research Fellow
• Information Specialist

NGC Technical team
Guideline committee meeting 1: 23rd January 2018
How we did it

• Developed draft guidance
• Draft guideline published for stakeholder comment
• Reviewed stakeholder comments
• Discuss with committee and adjust recommendations where appropriate and agreed with committee (lots of emails!)
• Respond to each comment
• Publish final version 20th November
Thyroid disease: assessment and management

NICE guideline [NG145]  Published date: November 2019

Guidance

This guideline covers investigating all suspected thyroid disease and managing primary thyroid disease (related to the thyroid rather than the pituitary gland). It does not cover managing thyroid cancer or thyroid disease in pregnancy. It aims to improve quality of life by making recommendations on diagnosis, treatment, long-term care and support.

NICE is also developing a guideline on thyroid cancer.

Recommendations

This guideline includes recommendations on:

- investigating suspected thyroid disease
- managing, follow-up and monitoring of primary hypothyroidism
- managing and monitoring of subclinical hypothyroidism
- managing thyrotoxicosis and follow-up and monitoring of hyperthyroidism
- managing and monitoring of subclinical hyperthyroidism
- disorders, management and monitoring thyroid enlargement with normal thyroid function
- reviewing and follow-up for subclinical thyroid dysfunction
- investigations in the investigation and management of thyroid disease
Thyroid disease: the care you should expect

Thyroid disease affects a small gland in the neck called the thyroid gland. An ‘overactive’ thyroid makes too much thyroid hormone. An ‘underactive’ thyroid does not make enough. The thyroid can also become swollen or enlarged. This is known as a ‘goitre’.

Thyroid conditions are very common. They cause many different symptoms and can be hard to diagnose. Most thyroid conditions improve with treatment, but more than one treatment might be suitable depending on the cause of the problem.

We want this guideline to make a difference to people with thyroid disease by making sure:

- they have information about thyroid disease, including causes and possible treatments
- they are offered the right tests, treatment and follow-up for their particular condition
- when there is more than one suitable treatment, they get the information and support they need to make decisions about the different options
- they have information about any thyroid medication they are taking.

Making decisions together

Decisions about treatment and care are best when they are made together. Your doctor should give you clear information about the benefits and risks of treatments, talk with you about your options and listen carefully to your views and concerns.

To help you make decisions, think about:

- What are the benefits and risks of each treatment – do some of the risks worry you more than others?
- How well is each treatment likely to work and what might the effects be?
- What happens if you don’t want to have treatment?
Evidence: https://www.nice.org.uk/guidance/ng145/evidence
History

https://www.nice.org.uk/guidance/ng145/history
Next steps:

- Launch and publicity
- Research recommendations prioritised by committee...
- NIHR funding?...

...New evidence
- Routine NICE surveillance
- Review of guidance as new evidence becomes available

surveillance@nice.org.uk
Disclaimer:

• The guideline referred to in this presentation was produced by The National Guideline Centre for the National Institute for Health and Care Excellence (NICE). The views expressed in this presentation are those of the author and not necessarily those of NICE.