Board meeting

20 March 2024

Interim process guide for Quality Standards

Purpose of paper

For approval.

Board action required

The Board is asked to:

1. Review and approve the quality standards interim process guide for public consultation.
2. Delegate to Guidance Executive approval of any changes following public consultation.

Brief summary

This paper summarises the quality standards interim process guide. The interim process guide has been developed for use over the next 24 months, to support proportionate approaches to the development and maintenance of NICE quality standards.

Board sponsor

Jonathan Benger, Chief Medical Officer and Interim Director, Centre for Guidelines

Introduction

To support the changing needs and objectives of all parts of the health and care system, NICE is transforming to ensure its guidance remains relevant, timely, useable and effective. To achieve these aims, the methods and processes that underpin NICE's guidance are evolving.

The quality standards interim process guide has been developed for use over the next 24 months to support proportionate approaches to the development and maintenance of NICE quality standards. The interim process will also allow the quality standards team to learn from planned work which will see the integration of guidelines and quality standards. We anticipate these new ways of working, and the learning from them will influence a complete future update of the quality standards process guide.

Background

In July 2023, the Centre for Guidelines senior team agreed with the proposal to develop an interim process guide for quality standards. The interim process would support proportionate approaches to the development and maintenance of quality standards, which may be needed when:

* 1. The health and care system needs a new or updated quality standard faster than the current process can deliver.
	2. The extent of update needed to an existing quality standard does not justify the resource use associated with the full development process.
	3. When integrating guideline and quality standard development processes.
	4. Quality standards, which are published, in development or have been referred and are awaiting development, are deemed suitable to be stood down and removed from the NICE website.

**Summary of the interim process**

The interim process guide should be read alongside the relevant sections of the current NICE quality standards process guide. Summarised briefly below are the proposed process changes:

1. Proportional approach to topic engagement (3.1). (see note 1)
2. Changes to committee decision making outside of formal meetings (3.2, 3.6).
3. A flexible approach to public consultation (3.5).
4. The utilisation of the guideline committee (GC) in place of a quality standard advisory committee. (QSAC).
5. Standing down of existing quality standards.
6. The use of external guidance to support the development of Quality Standards

Note 1: Topic engagement is the 2-week period during which stakeholders are invited to submit comments on key areas for quality improvement. This is used to create the topic overview which describes core elements of the standard, such as the population and condition or services to be covered and lists the key source guidance that will be used to underpin the quality statements.

1. A table detailing the proposed changes can found on the next page.

|  |  |  |
| --- | --- | --- |
| **Current process Guide** | **Current process section** | **Proposed change to be included in the interim process guide** |
| Topic Engagement requires a briefing paper and a 2-week topic engagement period with all stakeholders. | Developing a topic overview (3.1) | The interim guide allows for flexibility in topic engagement exercise to:* target to key stakeholders only;
* be reduced, (1 week minimum);
* utilise a workshop instead of a 2-week comment period.
 |
| All updates must be considered by a full QSAC committee prior to consultation | Prioritising areas for quality improvement (3.2) | The interim guide provides the option of a working group made up of a subset of committee members and topic experts in place of the full QSAC meeting. |
| The consultation period is specified as 4-weeks. | Consultation (3.5) | The interim guide is more flexible: “Consultation is generally 4 weeks but can be 2 weeks or on exception more than 4 weeks” |
| All updates must be considered by a full QSAC committee post consultation | Reviewing consultation feedback (3.6) | The interim guides offer the option of utilising a working group made up of a subset of committee members and topic experts. Or, if there is a high degree of agreement at consultation gaining committee approval via email. |
| No current process to integrate guideline and quality standard processes | n/a | The interim guide offers the option of utilising the Guideline committee (GC) in place of the QSAC committee in developing QS statements. |
| No current process to allow the standing down or removal of quality standards.  | n/a | The interim guide enables the standing down of quality standards deemed to no longer add value to the system, such as when the quality standard has been superseded by statutory requirements. Internal approval and formal de-endorsement from the endorsing body will be sought before the quality standard is stood down. |
| Use of external guidance to support the development of Quality Standards only when accredited or meets accreditation criteria. | Throughout | The accreditation programme has closed, and the accreditation criteria is no longer available. The interim process guide clarifies our position on the use of non-accredited guidance where it is of a high standard and has had NICE internal sign off. |

Legal implications

Legal advice was sought during the drafting of the interim process guide as the development of quality standards is covered within the [Health and Social Care Act 2012](https://www.legislation.gov.uk/ukpga/2012/7/part/8/crossheading/functions-quality-standards/enacted). Public consultation was recommended as the Interim Process amounts to a change to the way NICE will/may produce quality standards.

Risk assessment

The benefits of the interim process have been conveyed in this paper. A small number of risks have been identified as noted in the below table.

Risk assessment table

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Risk | Current mitigation, controls and assurance | Current rating: Impact | Current rating: Likelihood | Current rating: Score | Further actions to strengthen mitigations and achieve the target score(include due dates) | Target rating: Impact | Target rating: Likelihood | Target rating: Score |
| The current approach to QS development and maintenance is well established. Adopting more flexible and proportionate approaches to individual topics may create some confusion in stakeholders and risks giving the impression that NICE lacks consistency  | Clear, agreed communications to stakeholders at key points of QS development to highlight when the new process is utilised and why.Regular updates to QSAC committee members. Our committees are held in public and these updates will be detailed in publicly available minutes.  | 3 | 3 | Medium = 6 | Planned updates on interim process for our key partners (HQIP, NHSE) 2024/25 Q1Introducing a more user-friendly process and interim process web page which will enable users to find information quicker and easier (May 2024)Inviting stakeholders to read the interim process and provide feedback at public consultation (April 2024).  | 2 | 1 | Very Low =2 |
| The updated guide allows the option for guideline committees (GC) to develop quality standards rather than a separate QS advisory committee (QSAC).Having GCs develop QS (rather than QSACs) may negatively impact on the quality of QS products. | We are introducing additional internal QA points during development which will help to ensure quality of the QS product. All topics utilising this process will have active risk registers.Scheduled regular meetings between the GC and QS teams will allow for raising of issues regarding the GC committee and impact on QS. | 4 | 2 | Medium = 8 | Kidney cancer is the first topic which will follow this process. This first topic will provide an opportunity to review and reflect on the composition of the GC, particularly around membership from both professionals with an interest in QI / measurement and non-specialists.  | 2 | 2 | Low = 4 |

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