National Institute for Health and Care Excellence

Centre for Guidelines progress report

1. This report provides an update on key issues and developments in the Centre for Guidelines in the period of September to October 2020.

Summary of activity

Two guidelines were published in September (insect bites and stings: antimicrobial prescribing, and a partial update of low back pain and sciatica in over 16s: assessment and management) and one guideline was published in October (behaviour change: digital and mobile health interventions). Three surveillance reviews were published.

We consulted on five guidelines in the period September to October and are continuing to ask stakeholders to alert us to any changes in evidence or practice as a result of COVID-19 so that these comments can be taken into account before finalising each guideline for publication. We are also routinely considering the implications of endemic COVID-19 for each guideline in development on a case-by-case basis, which may include any long-term changes in service delivery.

We continued to work with NHS England and Improvement to migrate the COVID-19 specialty guides to NICE for publication in November. We are developing new rapid guidelines on post-COVID syndrome (also known as long COVID) and the prevention of thromboembolism.

Notable issues and developments

Ongoing response to COVID-19

The majority of the COVID-19 team is now in place, with four roles still to recruit to. The team's current work programme includes surveillance and updating all the COVID-19 rapid guideline portfolio. The work on migration, integration and maintenance of the NHS England and Improvement COVID-19 specialty guides has started, including the creation of a treatment pathway for COVID-19. We are mapping the recommendations from the NHS England and Improvement guides to the NICE suite of COVID-19 rapid guidelines. The guidelines will be assimilated where possible to create a single point of access to national advice on the clinical management of COVID-19.

We are also currently developing two new rapid COVID-19 guidelines: post-COVID syndrome (also known as long COVID) and the prevention of thromboembolism. NICE is co-developing the guideline on post-COVID syndrome with the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP), alongside an independent cross-specialty clinical group. They will consider a wide range of evidence including that drawn directly from the views and experiences of people with post-COVID syndrome. The guideline includes the development of a clinical case definition, which was published in the scope on 30 October.

We have been producing COVID-19 prescribing briefings to support the rapid implementation of national prescribing policy for treatment of COVID. These will link to advice in the relevant guideline. The first briefing (COVID-19 prescribing briefing: corticosteroids) was developed in conjunction with the RAPID C-19 group chaired by NICE which includes representatives from NHS England, the Medicines and Healthcare products Regulatory Agency (MHRA), National Institute for Health Research (NIHR) and the Department of Health and Social Care. The prescribing briefing brings together a summary of clinical evidence, place in therapy, important prescribing information and shared decision-making resources to support front line clinicians to implement the latest clinical evidence. Publication was co-ordinated with partner organisations so that it was included in the central alerting system (CAS) alert from the Chief Medical Officer on 3 September.

Other specific guidelines and advice

We have developed two evidence reviews for the treatment of gender dysphoria commissioned by NHS England and Improvement. The evidence reviews will be used to support the Cass review into gender identify services for children and young people. The evidence reviews were produced using an NHS England process and will be used to inform NHS England policy on prescribing of treatments for gender dysphoria.  It is anticipated that NHS England will publish the evidence reviews in 2021 alongside the recommendations from the Cass review.

The draft updated guideline on diagnosis and management of myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) was approved for consultation from 10 November. Because of the particularly high profile of the topic, we worked closely with the public involvement programme, media relations and enquiry handling during the quality assurance process. The full team has met quarterly throughout development of the guideline and has managed ongoing communication with both the committee and stakeholders. As noted above, we are also producing a guideline on post-COVID syndrome which is scheduled to publish during the consultation period on the ME/CFS guideline. The guidelines are addressing different populations and the recommendations in this guideline have been worded to ensure that it is clear that they apply specifically to the ME/CFS population. The same approach will be taken with the post-COVID syndrome guideline to ensure coherence between the two.

We engaged with NHS England and Improvement to consider a procurement exercise for direct-acting oral anticoagulants (DOACs) during the update of the atrial fibrillation guideline. In September, Guidance Executive agreed that the draft guideline should proceed to consultation which commenced on 23 September 2020. In October, we met with NHS England and NHS Improvement to discuss similar procurement exercises on treatments for Type 2 diabetes, to coordinate with the timing of an update of the guideline recommendations.

Other specific guidelines and advice

 We have developed a data analytics delivery plan on the use of broader sources of data within guideline development. The document sets out the operational priorities for facilitating better use of data analytics which will be incorporated in the upcoming methods and economics strategy. In parallel, we have been progressing the application of data analytics to guidelines currently in development. For example, a collaborative research project with the universities of Edinburgh, Glasgow and Dundee as well as SIGN, is using data from the Clinical Practice Research Datalink (CPRD) to inform development of the gout guideline, and we are exploring the use of Sentinel Stroke National Audit Programme (SSNAP) data from King's College London to inform the update to the stroke rehabilitation guideline.

In September, along with colleagues from the Science Policy and Research team, we met with representatives from the NIHR to explore the option of refining NICE's approach to the development and maintenance of research recommendations. This is to ensure better uptake of NICE's research recommendations by research funders and more efficient processes for review and maintenance of existing research recommendations.

In September, SMT agreed a proposal to facilitate more flexible and timely updating of suites of guidelines and clusters of recommendations by using topic-specific committees for key topic areas within the portfolio. This required minor updates to NICE policies relating to the appointment of individuals to advisory bodies and the terms of reference for guideline committees. The changes are that chairs and members of topic-specific committees are either appointed for the duration of development of a specific guideline or for up to 3 years (renewable up to 10 years) to work on multiple guidelines within a topic area, and; chairs may be appointed for a series of topic-specific committees or a single topic-specific committee working on multiple guidelines within the broad topic area. This work will align with the decisions from the new cross-agency topic prioritisation advisory group and will help to identify gaps and overlaps in the portfolio.

On 08 October, we had a centre-wide planning meeting, via Zoom, to follow up on progress from a planning day held in February, learn more about some of the key initiatives and get to know more about the medicines and prescribing team and the publishing team which have recently joined the directorate. There were short presentations on the Connect business plan, progress with the content strategy, support for transformation and closer working with the digital information and technology team, and an introduction to Lean Six Sigma.

Key issues and developments

There has been an increase in the number of exceptional surveillance reviews which has impacted standard surveillance reviews in development. Work has been reprioritised to accommodate any urgent reviews, balancing this against team capacity.

Committee meetings have continued to be held virtually during this time period. We are putting in place plans for how we manage the work programme given that front-line staff may have limited availability to support our guideline committees during the second wave of COVID-19.

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