

14 Updating clinical guidelines and correcting errors

Clinical guidelines developed by NICE are published with the expectation that they will be reviewed and updated as necessary. Any decision to update a guideline must balance the need to reflect changes in the evidence against the need for stability, because frequent changes to guideline recommendations would make implementation difficult. This chapter describes the process, frequency and methods for updating NICE clinical guidelines. It also describes the process for correcting errors in guidelines that are identified after publication.

The responsibility for updating a clinical guideline usually rests with the National Collaborating Centre (NCC) that originally developed it. In exceptional circumstances, an NCC may be asked to update a guideline developed by another NCC. This will only occur after consultation with the relevant NCCs, including clarification of copyright issues.

When scheduling updates of clinical guidelines into its work programme, NICE will seek advice from the topic selection team (see chapter 2) on the relative priority of topics for updating and topics for the development of new guidelines. This will be communicated to NCCs through the business planning process.

14.1 *Collecting information after guideline publication*

After publication of a clinical guideline, the NCC should collect information relevant to the guideline that might affect the timing or content of subsequent updates. This may include any queries or comments received by NICE or the NCC after publication, and evidence submitted by researchers or other stakeholders. This information should be collected and reviewed in order to identify any new information that may warrant a change in guideline recommendations

NICE and the NCC will not actively seek new evidence on an ongoing basis, beyond collating post-publication comments, unless it has been identified in the guideline that important new information is likely to emerge before the 3-year scheduled review. In such instances, the NCC is responsible for alerting NICE to the new evidence and advising on the need for an exceptional update or amendment (see section 14.3).

14.2 *The normal updating process*

The NCC advises the Centre for Clinical Practice (CCP) at NICE about the need for, and extent of, an update 3 years after publication of a clinical guideline. In determining whether an update is warranted, the NCC should use information from two key sources.

First, the NCC should undertake searches for new evidence, using versions of the original search strategies modified to be precise rather than sensitive (see chapter 5). Examples of evidence that could potentially trigger an update

include data from randomised control trials, new diagnostic tests, changes in licensing or warnings issued by licensing agencies, and major changes in costs. The NCC should consider the quality of the new evidence, but it need not undertake a new systematic review.

Secondly, the NCC should seek the views of healthcare professionals and patients to identify any change in practice or additional relevant published evidence. One approach is to convene an expert advisory group of healthcare professionals and patient and carer organisations. The NCC should ask the group members to identify which of the recommendations in the clinical guideline require updating and to provide a brief explanation of the reasons for this. Members of the group should be asked to submit a list of any new key areas that should be considered. These could be, for example, new technologies, key areas not included in the original guideline because of a lack of evidence, or those suggested by changes in drug licensing. The expert advisory group should discuss the information submitted by members, together with the relevant new evidence identified in the NCC's literature search.

In addition, NICE reviews any information that is available on the implementation and uptake of the guideline recommendations.

14.2.1 Deciding on the update status of a clinical guideline

The CCP at NICE reviews the advice from the NCC about the need for an update of a guideline and the clinical relevance of the new evidence, and advises NICE's Guidance Executive on whether, in order to be brought up to date, the guideline requires:

- a full update (in exceptional circumstances)
- a partial update
- no update.

Two other options that can be suggested by CCP are:

- transferring the guideline to a 'static list'
- withdrawing the guideline.

Guidance Executive will decide which of these options is most appropriate. The decision should be based on predefined criteria, as listed in table 14.1.

The recommendations on updates then need to be set against the competing priorities of new guideline topics, and prioritised taking account of the capacity of the guidelines programme to schedule the work. This will be done with NCCs through the business planning process.

Table 14.1 Criteria for deciding the update status of a clinical guideline

Update decision	Criteria	Actions
Full update	<ul style="list-style-type: none"> Major sections of the guideline need updating Many of the recommendations are no longer necessary New key areas have been identified 	<ul style="list-style-type: none"> Prepare a new scope Consult on the scope
Partial update	<ul style="list-style-type: none"> Some recommendations need updating in the light of new evidence, or because they are unclear No new key areas have been identified that need to be covered in the guideline 	<ul style="list-style-type: none"> Use the original scope Do not consult on the scope Inform stakeholders
	<ul style="list-style-type: none"> New key areas have been identified that need to be covered in the guideline 	<ul style="list-style-type: none"> Prepare a new scope Consult on the scope
No update	<ul style="list-style-type: none"> No new evidence has been identified that would overturn any of the recommendations There is no evidence from clinical practice to indicate that any of the recommendations need changing There is no evidence from clinical practice that the original scope need changing 	<ul style="list-style-type: none"> The guideline is not updated The guideline is reviewed after a further 3 years to determine its update status
Transfer to the 'static list'	<ul style="list-style-type: none"> The recommendations are unlikely to change in the foreseeable future 	<ul style="list-style-type: none"> No further update planned May be reviewed if new evidence emerges
Withdraw the guideline	<ul style="list-style-type: none"> The guideline no longer applies 	<ul style="list-style-type: none"> Consult with stakeholders

14.2.2 Conducting a full update

If a decision is made to conduct a full update of a clinical guideline, the NCC prepares a new scope, following the usual process described in chapter 2.

Recruitment of guideline development group (GDG) members follows the usual process (see section 3.1). The NCC should inform members of the original GDG that they are recruiting a new GDG; however, the composition of the GDG should be tailored to the requirements of the new scope. The time required for development of the guideline is agreed between NICE and the NCC, and depends on the number of review questions. The guideline is developed using the same process as for a new guideline and is subject to the normal 8-week consultation period (see chapter 11). The usual process for finalising and publishing the guideline is also followed (see chapter 12).

14.2.3 Conducting a partial update

If a clinical guideline is being partially updated, there are two possible scenarios:

- In the first scenario, some recommendations need updating but no new key areas have been identified. The original scope is used and NICE informs the stakeholders that it is conducting a partial update of the guideline.
- In the second scenario, new key areas have been identified that need to be included in the guideline. A new scope is prepared and consultation with stakeholders takes place through the usual process.

The NCC recruits a new GDG to undertake the work, using the usual recruitment process (see section 3.1). The NCC should inform members of the original GDG that this is happening; however, the composition of the new GDG should be tailored to the requirements of the section(s) to be updated. The time needed to undertake the update is agreed between NICE and the NCC, but will be no longer than 18 months.

14.2.4 No update

If a decision is made that a clinical guideline does not need updating, the guideline will be reviewed after a further 3 years, and the same process for deciding its update status will be followed.

14.2.5 The 'static list'

There may be circumstances in which the topic covered in a published clinical guideline does not need to be considered for updating. This may be the case, for example, if the evidence base is so poor that it is unlikely that any of the recommendations will change in the foreseeable future. In these cases, the guideline will be transferred to a 'static list' and no further update will be required. Guidelines on the static list may be transferred back to the 'active list' for further review if new evidence or information from clinical practice becomes available that is likely to mean that changes to the published recommendations are required.

14.2.6 Withdrawing the guideline

It may be decided on reviewing the guideline that its recommendations no longer apply, but that it is not of sufficient priority for updating. In this case the guideline will be withdrawn. This decision will be consulted on with stakeholders.

14.3 Exceptional updates

Exceptionally, significant new evidence may emerge that necessitates a partial update of a clinical guideline before the usual 3-year period. This might be a single piece of evidence, an accumulation of relevant pieces of evidence or other published NICE guidance. This evidence must be sufficient to make it likely that one or more recommendations in the guideline will need updating in a way that will change practice significantly. Examples of such evidence include data from randomised controlled trials, new diagnostic tests, changes

in licensing or warnings issued by licensing agencies, or major changes in costs. Exceptional updates may also be triggered by the identification of errors in the guideline after publication (see section 14.6)

14.3.1 Determining the need for an exceptional update

The CCP advises NICE's Guidance Executive on the following questions.

- Is the update necessary?
- Is there any other evidence (published, unpublished or from ongoing studies) that might affect the response to the new evidence?
- Which recommendations need to be reviewed in the light of the new evidence?

The Guidance Executive then decides on the need for an update based on the findings. If an exceptional update is necessary, the CCP commissions the relevant NCC to carry out the work. Stakeholders are informed at this point by NICE.

The aim of an exceptional update is to be responsive to new evidence, so it is imperative that changes to recommendations are published quickly. The process for developing exceptional updates should be the same as that for conducting a partial update (see section 14.2.3)

14.4 Format of draft updates for consultation

For partial updates and exceptional updates, the NCC should submit the draft revisions to the full guideline in a suitable format for consultation. This should present the evidence considered by the GDG and any new or revised health economic analyses, and should show which recommendations have been amended or deleted from the original guideline and which recommendations are new to the consultation draft; it should be clear from the draft which sections of the full guideline have been updated. This format is intended to aid clarity during consultation and is not carried through to the final published version of the updated guideline.

Agreement should be reached between NICE and the NCC as early as possible on the most appropriate format for an update.

14.5 Maintaining records

In accordance with its contract with NICE, the NCC should maintain records throughout the development of an updated clinical guideline to ensure that the following information is readily available:

- Details of the GDG membership, including declarations of interest.
- Search strategy details, including when the most recent search was conducted.
- Copies of the papers used.
- Data-extraction forms.
- Evidence tables.

- Minutes of GDG meetings.
- Any additional information presented to the GDG.

14.6 Correcting errors in published clinical guidelines

Measures are in place throughout the development of a clinical guideline to ensure that errors in the collection, synthesis, interpretation or presentation of the evidence are avoided as far as possible. However, on rare occasions errors may be found after publication of the guideline. These errors may not always warrant changes to the guideline, in which case they will be logged for consideration when the guideline is reviewed for updating. If an error is found, the following criteria and process will be used by NICE and the NCCs to determine whether changes are necessary.

14.6.1 Criteria for a correction

Corrections or changes to a published clinical guideline will be made if an error:

- may result in harm to patients
- undermines the conclusions on which the recommendations have been based
- indicates that NICE's quality-assurance procedures have been seriously compromised.

14.6.2 Process for issuing a correction

The CCP Director and the NCC consider the suspected error using the criteria above. Simple typographical errors that don't meet the above criteria may be rectified without seeking the view of Guidance Executive. If one of the criteria is satisfied, the suspected error is reported to NICE's Guidance Executive, which decides what action to take.

If the Guidance Executive considers that there is no error, this is communicated in writing by the CCP Director to the individual or organisation who first reported it, explaining the rationale for the decision.

If a correction is to be made, an error notification is put on front page of the guideline's entry on the NICE website. Depending on the nature and significance of the error and the time since publication of the guideline, stakeholders may also be notified in writing. The web versions of the relevant documents are corrected, and this is also highlighted on the front page of the guideline's entry on the NICE website (www.nice.org.uk).

14.7 Further reading

Shekelle P, Eccles MP, Grimshaw JM et al. (2001) When should clinical guidelines be updated? *British Medical Journal* 323:155–7.

Shekelle PG, Ortiz E, Rhodes S et al. (2001) Validity of the Agency for Healthcare Research and Quality clinical practice guidelines: how quickly do guidelines become outdated? *Journal of the American Medical Association* 286: 1461–7.