



*National Institute for  
Health and Clinical Excellence*

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## **The public health guidance development process**

**An overview for stakeholders including  
public health practitioners, policy  
makers and the public**

### **About this document**

This document describes the processes used in the development of NICE public health guidance.

This document is available from the National Institute for Health and Clinical Excellence (NICE) website at: [www.nice.org.uk](http://www.nice.org.uk) A related document, 'Methods for development of NICE public health guidance', is also available.

Nothing in this document shall restrict any disclosure of information by the Institute that is required by law (including in particular but without limitation the Freedom of Information Act 2000).

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## **Acknowledgements**

The following NICE documents (available from: [www.nice.org.uk](http://www.nice.org.uk)) were used in the development of this manual and their original authors/contributors are gratefully acknowledged:

- 'Guide to the technology appraisal process' (2004)
- 'Guideline development methods: information for national collaborating centres and guideline developers' (2005)
- 'The guideline development process: an overview for stakeholders, the public and the NHS' (2005)
- 'Operating model for the centre for public health excellence' (2005).

Thanks are also due to members of the CPHE Team and staff within other NICE teams, including Editorial, Implementation, Information Services, Senior Management and the Institute's Board.

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# 1 Introduction

## 1.1 Background

The National Institute for Health and Clinical Excellence produces guidance in three areas:

- public health
- health technologies
- clinical practice.

This document details the processes that the Centre for Public Health Excellence (CPHE) follows to produce public health guidance. Information on the methods used can be found in 'Methods for development of NICE public health guidance' at [www.nice.org.uk](http://www.nice.org.uk)

NICE produces guidance on public health interventions and programmes. This chapter describes the underpinning values and principles and provides an overview of the public health intervention and programme guidance produced by NICE. Later chapters describe the role of stakeholders, the Public Health Interventions Advisory Committee (PHIAC) and the Programme Development Group (PDG) (for interventions and programmes respectively), contractors, collaborating centres and practitioners, and key groups and individuals within NICE.

### 1.1.1 Public health intervention guidance

Public health intervention guidance focuses on local, clearly circumscribed actions which aim to reduce the risk of developing a disease or condition, or which help promote or maintain a healthy lifestyle. Interventions are normally led by public health professionals and are targeted at particular populations, communities or individuals. Examples include:

- providing an accessible needle exchange scheme
- giving advice in a primary care setting to encourage patients to exercise
- encouraging new mothers to breastfeed or to continue breastfeeding

- providing advice in primary care to promote physical activity.

### **1.1.2 Public health programme guidance**

Public health programmes are often a multi-agency and multi-faceted package of policies, services and interventions. They involve a suite of activities that may be topic, setting or population-based – and may involve changes to organisational infrastructures. Examples include:

- provision of smoking cessation advice and support by primary care services, pharmacies, local authorities and in the workplace for individuals who smoke of all ages, but with a particular focus on manual groups, pregnant women who smoke and hard to reach communities
- provision of services to help support the national physical activity targets. This could include activities ranging from traffic calming measures to fun runs organised by a range of organisations, including the Highways Agency, the leisure and fitness industry, schools, workplaces, pharmacists and the NHS
- an assessment of community engagement and community development approaches to promoting and improving health. This could cover a range of topics, from preventing falls among older people to working with African communities to help prevent HIV/AIDS.

NICE public health guidance makes recommendations on what is known from research and practice about the effectiveness and the cost effectiveness of both interventions and broader programmes, including the optimum delivery methods.

### **1.1.3 Topic referral**

As at March 2006, the process of topic selection for all NICE activities is under review. When the process is agreed with Ministers and officials it will be incorporated into this manual. Meanwhile, as agreed with the Department of Health (DH), the initial public health topics have been derived from priorities identified in the 'Choosing health' white paper<sup>1</sup>. The topic under consideration

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<sup>1</sup> Department of Health (2004) *Choosing health: making healthy choices easier*. London: Department of Health.

is also subject to consultation with stakeholders (which may include Ministers and officials from government departments other than the Department of Health), before selection is confirmed.

## **1.2 Values and principles**

The process of developing public health guidance is based within a clear framework.

- Public health activities may be direct or indirect. They can cover 'downstream' issues (for example, lifestyle) as well as 'upstream' issues concerned with the wider determinants of health (for example, housing and environment).
- The guidance may embrace a variety of approaches to changing attitudes and behaviour, including health promotion and public health campaigns as well as community development. It may also focus on the structural determinants of health.
- Recommendations may be made at population, community, organisational, group, family or individual level.
- Evidence is selected and assessed according to well-defined criteria and then graded, according to general principles developed by NICE. A variety of types of evidence is considered.
- Stakeholders play a central role in the development of public health guidance. Their views and experiences are actively sought throughout the development process to ensure that recommendations are realistic and appropriate.
- The work of the CPHE is based on the Institute's quality assurance principles. These are designed to ensure that its guidance and other solutions are credible, robust and relevant.

For more details on the principles governing the development of public health guidance, see 'Methods for development of NICE public health guidance'.

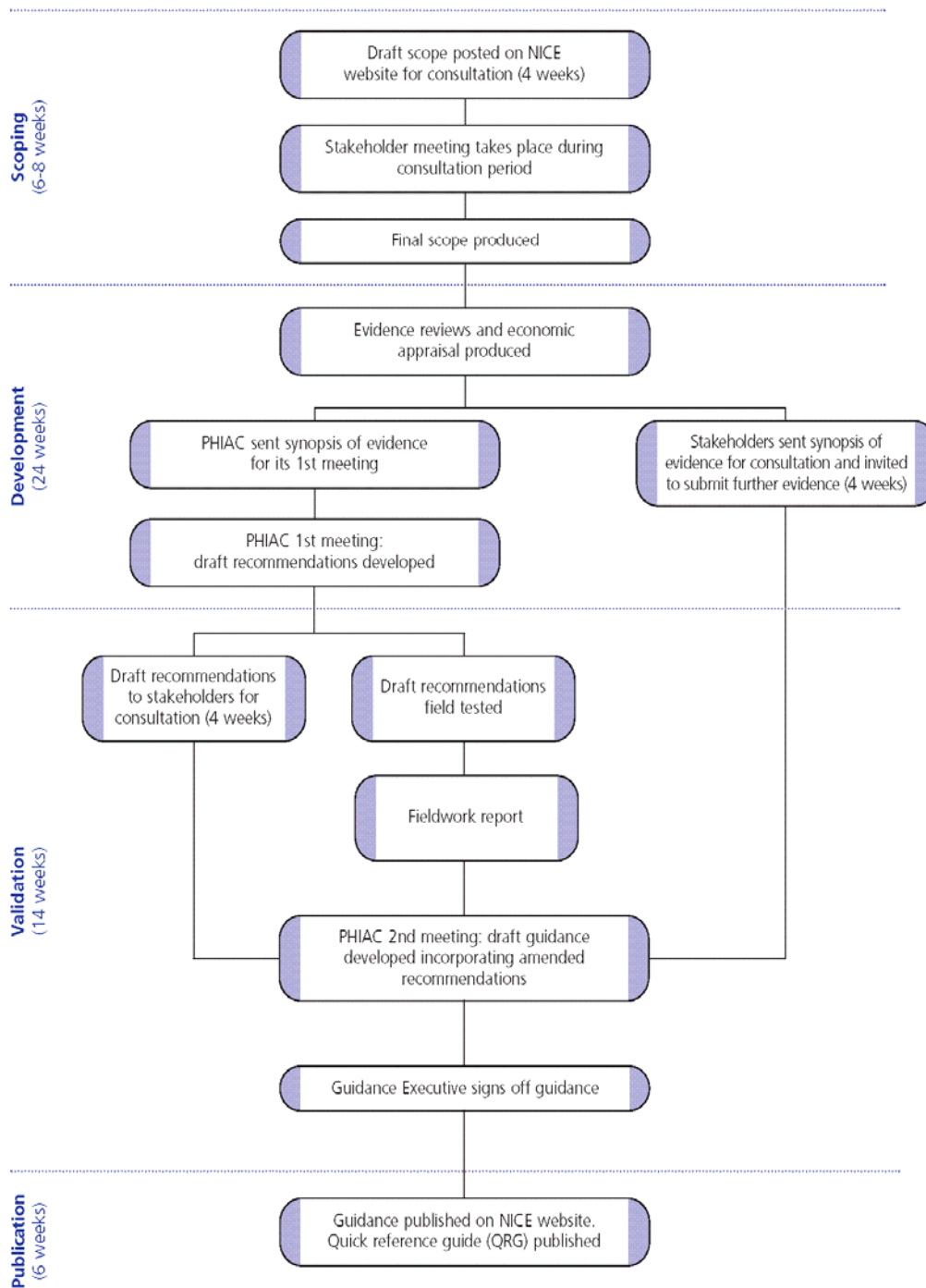
### **1.3 *Right of appeal***

There is no right of appeal against the recommendations as published in the final version of the public health guidance and approved by the Guidance Executive (GE) of NICE.

## **2 The intervention guidance development process**

The flowchart below shows the key stages in the development of public health intervention guidance. The process takes 12 months from when the draft scope for consultation is placed on the NICE website to publication.

## Summary of intervention guidance development stages



## Summary of the stages of intervention guidance development

| Project Stage          | Task   |
|------------------------|--|
| Scoping (6-8 weeks)    | <p><i>The draft scope is placed on the NICE website for consultation.</i></p> <p><i>Stakeholders are encouraged to register an interest via the website.</i></p> <p><i>Following a minimum 4-week consultation with stakeholders, the final scope is produced.</i></p>   |
| Development (24 weeks) | <p><i>The evidence is reviewed and synthesised by the contractor/Public Health Collaborating Centre (PHCC) working with the NICE Project Team. Normally, this will consist of two evidence reviews and an economic analysis.</i></p> <p><i>A synopsis is sent to stakeholders for consultation. Stakeholders are invited to submit appropriate additional evidence during a 4 week consultation period.</i></p> <p><i>The synopsis of the evidence is also sent to PHIAC for consideration at its first meeting. Following this, PHIAC develops draft recommendations.</i></p>   |
| Validation (14 weeks)  | <p><i>The draft recommendations are issued to stakeholders for consultation for 4 weeks.</i></p> <p><i>At the same time, the draft recommendations are field tested. Four fieldwork meetings are held with practitioners who have not been involved before. They assess the barriers to implementation and the mediating factors that are likely to determine the success of the intervention.</i></p> <p><i>A fieldwork report, together with the comments on the evidence synopsis, additional evidence submitted by stakeholders, and the comments on the draft recommendations are provided for PHIAC's second meeting.</i></p> <p><i>PHIAC, supported by the NICE Project Team, drafts the guidance (incorporating the revised recommendations) on the basis of the stakeholder consultations and the fieldwork report.</i></p> <p><i>The guidance is submitted to NICE's GE, (comprising NICE Executive Directors, Centre Directors and the Communications Director), for approval. The GE signs off the guidance ready for publication.</i></p> |

|  |  |
|--|--|
| <b>Publication and Dissemination (6 weeks)</b> | <p><i>The guidance is usually published on the NICE website within 6 weeks of approval by the GE and on the fourth Wednesday of the month.</i></p> <p><i>At the same time, a quick reference guide (QRG) for professionals and the public is published on the NICE website within 6 weeks of GE approval. The QRG also appears in print.</i></p> |
|--|--|

## **2.1 The scope**

### **2.1.1 Aim of the scope**

The purpose of the scope is to:

- provide a clear definition of the intervention or programme to be addressed
- provide background information on the public health issues
- provide an overview of what the guidance will exclude
- identify the settings, practitioners and public health delivery systems involved
- set the DH referral within a clear context to ensure that the guidance is responsive to public health policy and practice
- set out key questions for guidance development
- keep development within clear parameters to ensure the guidance can be completed within the allocated time period.

## **2.2 The guidance**

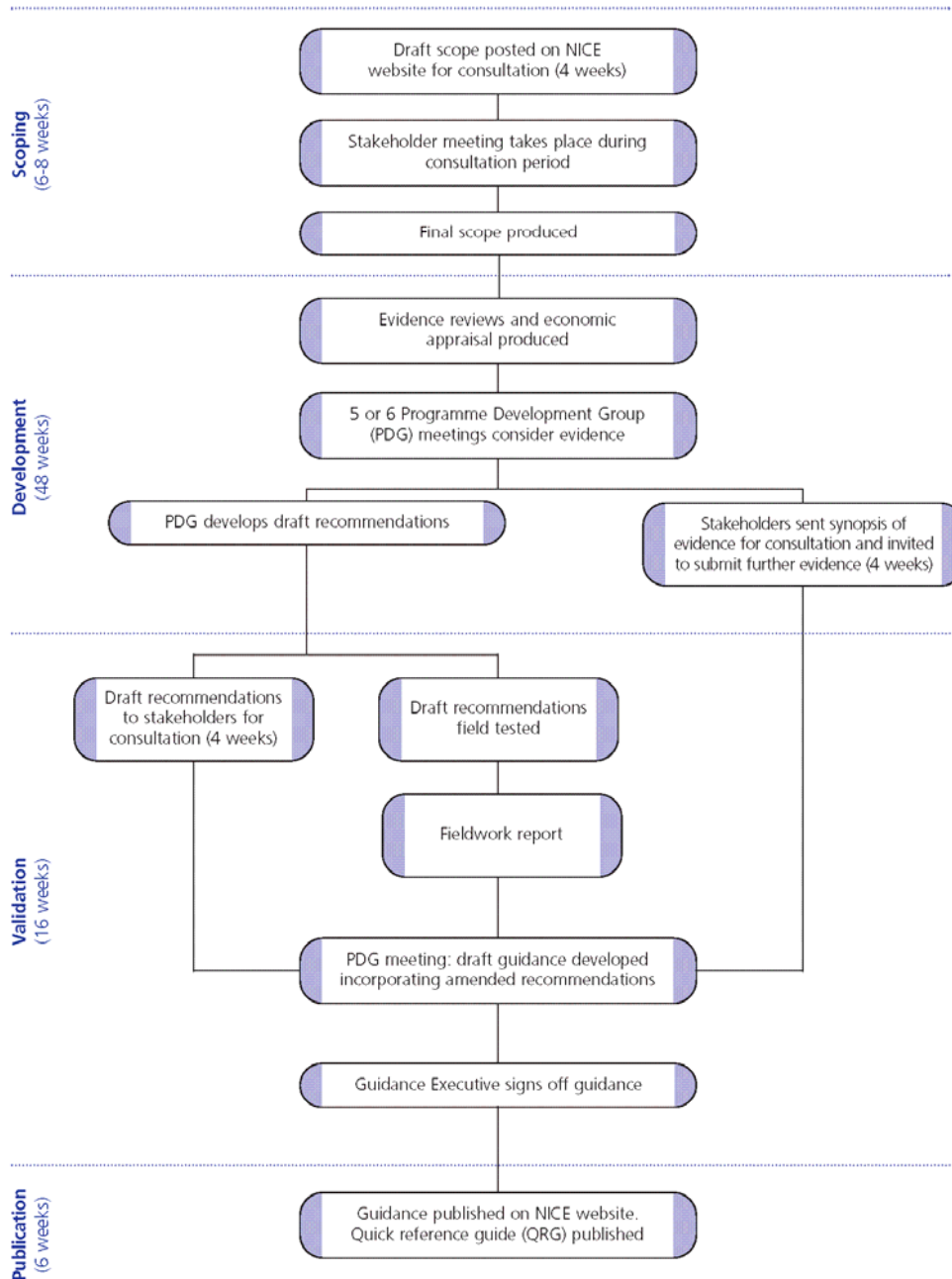
The following versions of the guidance and supporting documents are published on the web:

- NICE guidance, including a summary of the evidence, main conclusions, overview of methodology, and recommendations for practice and research
- quick reference guide (QRG) for professionals and the public (this is also printed and disseminated widely)
- synopsis of the evidence (the synopsis includes executive summaries from the evidence reviews and economic analysis)
- reviews of the evidence and economic analysis

- fieldwork report (covers field testing of the draft recommendations)
- implementation materials.

### 3 The programme guidance development process

#### Summary of programme guidance development stages



**Summary of the stages of the programme guidance development process**

| <b>Project Stage</b>          | <b>Task</b>   |
|-------------------------------|---|
| <i>Scoping (6-8 weeks)</i>    | <p><i>The draft scope is placed on the web</i></p> <p><i>All identified stakeholders are encouraged to register an interest via the website.</i></p> <p><i>Following a minimum 4 week consultation period, the final scope is produced.</i></p>   |
| <i>Development (48 weeks)</i> | <p><i>The evidence is reviewed and synthesised by the contractor/Public Health Collaborating Centre, working with the NICE Project Team. Normally, this will consist of several evidence reviews and an economic analysis.</i></p> <p><i>5 or 6 PDG meetings are held (once every 6 weeks or so) to consider each evidence review, including the economic analysis. This usually takes place over a period of 9 months.</i></p> <p><i>Following the last meeting, a synopsis of the evidence from the reviews is sent to stakeholders for consultation. Stakeholders are also invited to submit appropriate additional evidence during this 4 week consultation period.</i></p> <p><i>The reviews of evidence are used by the PDG to develop the draft recommendations.</i></p> |

|  |  |
|--|--|
| <i>Validation (16 weeks)</i>                   | <p><i>The draft recommendations are issued to stakeholders for consultation.</i></p> <p><i>The draft recommendations are also field tested. Up to six fieldwork meetings are held with practitioners who have not been involved up to this point. They assess the barriers to implementation and the mediating factors that are likely to determine the success of the programme. Reports of each meeting are combined into a fieldwork report which is submitted to the PDG for its final meeting.</i></p> <p><i>The PDG amends the recommendations in light of the fieldwork, stakeholder responses to the consultation on the evidence synopsis, any additional evidence submitted by stakeholders and the consultation on the draft recommendations.</i></p> <p><i>Supported by the NICE Project Team, the PDG prepares the guidance document (incorporating the revised recommendations)</i></p> <p><i>The guidance is submitted to NICEs GE, (comprising NICE Executive Directors, Centre Directors and the Communications Director), for approval. The GE signs off the guidance ready for publication.</i></p> |
| <i>Publication and Dissemination (6 weeks)</i> | <p><i>The guidance is usually published on the NICE website within 6 weeks of approval by the GE and on the fourth Wednesday of the month.</i></p> <p><i>In addition, a QRG for professionals and the public is published on the NICE website within 6 weeks of GE approval. The QRG also appears in print.</i></p>  |

### **3.1 The scope**

#### **3.1.1 Aim of the scope**

The purpose of the scope is to:

- provide a clear definition of the intervention or programme to be addressed
- provide background information on the public health issues
- provide an overview of what the guidance will exclude
- identify the settings, practitioners and public health delivery systems involved

- set the DH referral within a clear context to ensure that the guidance is responsive to public health policy and practice
- set out key questions for guidance development
- keep development within clear parameters to ensure the guidance can be completed within the allocated time period.

### **3.2 *The guidance***

The following versions of the guidance and supporting documents are published on the web:

- NICE guidance, including a summary of the evidence, main conclusions, overview of methodology, and recommendations for practice and research
- QRG for professionals and the public (this is also printed and disseminated widely)
- synopsis of the evidence (the synopsis includes executive summaries from the evidence reviews and economic analysis)
- reviews of the evidence and economic analysis
- fieldwork report (covers field testing of the draft recommendations)
- implementation materials.

## **4 The role of stakeholders in the guidance development process**

Stakeholder involvement is fundamental to the development of public health guidance. This chapter describes who the potential stakeholders are and how they are identified and encouraged to contribute.

The process is managed by the CPHE in conjunction with the Patient and Public Involvement Programme (PPIP). Stakeholders comment on the:

- draft scope
- synopsis of the reviews and economic analysis
- draft recommendations.

These consultation documents are available on the NICE website.

### **4.1 Who are stakeholders?**

For the purposes of the Institute's public health guidance development process, stakeholders are:

- national public/community/patient/carer organisations that represent people who will be affected by the guidance (referred to as 'lay or community' stakeholders)
- national organisations representing the public health and healthcare professionals who directly provide the services described in the guidance (referred to as 'professional stakeholders')
- providers and commissioners of health, local government, the utilities and voluntary services in England (selected by the Institute to ensure an appropriate geographical spread and range of organisations)
- The Department of Health and other relevant Government departments including the Highways Agency, the Home Office, the Office of the Deputy Prime Minister and the Department for Education and Skills
- NHS Institute for Innovation and Improvement, Health Protection Agency, National Patient Safety Agency and the Improvement and Development Agency

- research organisations and academic institutions that have carried out nationally recognised research in the area.

Registered stakeholders for each piece of guidance are listed on the NICE website.

#### **4.1.1 Those not considered as stakeholders**

For practical reasons, neither local patient/carers, professional groups nor individuals can normally register as stakeholders. However, they can participate via an appropriate registered stakeholder, such as their national professional body or organisation.

## **4.2 Stakeholder registration**

To participate in the early stages of the guidance development process, potential stakeholders are advised to register within 6 weeks of the announcement of a new topic on the Institute's website. However, they can register at any time.

### **4.2.1 How the Institute alerts potential stakeholders**

The Institute publicises new topics for guidance development by:

- issuing a press release
- posting the topics on its website, with details on how to register as a stakeholder
- contacting stakeholder organisations already registered for previous guidance
- writing to relevant stakeholders if the guidance will update existing public health guidance
- writing to community and professional organisations that may have an interest in the new programme.

### **4.2.2 How to register an interest**

- To register an interest, the 'Stakeholder Registration Form – Public Health Guidance' needs to be completed. This form is available on the NICE website or can be requested from the Institute.

Forms can be completed online, emailed to: [phguidance@nice.org.uk](mailto:phguidance@nice.org.uk) or returned to the Institute by fax. The Institute will confirm whether or not an organisation has been accepted as a stakeholder.

A copy of the stakeholder registration letter can be found in appendix A.

### **4.3 *The stakeholders' role in developing the scope***

Registered stakeholders receive a copy of the draft scope for a 4-week consultation period. They are asked to acknowledge receipt, consider it and submit comments to the Institute using the form provided.

A stakeholder meeting is also held to consult on the draft scope. Comments at the meeting are recorded by the Project Manager or appointed transcribers. However, this meeting does not replace the formal process of submitting comments via the official email address for the project (or the Institute's address, if sent by post).

All stakeholder comments – and the Institute's response to each comment – are published on the NICE website when the scope is finalised.

### **4.4 *The stakeholders' role in developing the evidence***

A synopsis of the evidence (comprising executive summaries of the reviews and the economic analysis) is released for a 4-week consultation with registered stakeholders. The stakeholders are invited to submit evidence if they feel there are any gaps, or if there is evidence that contradicts the synopsis findings. For details of items that may be included as evidence, see 'Methods for development of NICE public health guidance.'

### **4.5 *The stakeholders' role in developing the draft recommendations***

Registered stakeholders are informed, via email and the Institute's website, when the draft recommendations, with supporting evidence statements, are available on the website for consultation. They are given 4 weeks to comment. Their comments and the responses to them are posted on the website.

#### **4.6 Keeping up to date with guidance topics**

Although reminders of consultation periods and other dates are emailed by NICE, stakeholders can keep up to date with project progress by looking at the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

The Institute also produces a monthly e-newsletter, which gives details of forthcoming guidance, consultations on guidance in development, and future events. Subscription to the email e-newsletter is free of charge and it is also available on the NICE website.

#### **4.7 Patient and Public Involvement Programme**

The PPIP's main role is to work with the NICE Project Team, PHIAC and the PDGs to develop and support opportunities for community involvement in the development of the Institute's guidance. For further information on PPIP please see chapter 8.

## **5 PHIAC's role in the development of public health intervention guidance**

The Public Health Interventions Advisory Committee (PHIAC) considers and interprets evidence on the effectiveness and cost effectiveness of all public health interventions examined by the Institute. It formulates recommendations to the Institute on their use in the NHS, local government and in the broader public health arena in England.

### **5.1 *General principles of PHIAC***

PHIAC is multidisciplinary and its members bring with them different beliefs, values and experience. It is important that all these perspectives are listened to and that each member has an equal voice in the process of guidance development.

The Chair ensures that a range of possible approaches are considered, while keeping the group focused on the timescale of the project. The Chair also allows sufficient time for all members to express their views without feeling intimidated and checks that all the members agree to endorse any recommendations.

If the Committee cannot come to consensus in a particular area, this is reflected in the wording of the recommendation.

### **5.2 *Membership of PHIAC***

Membership of PHIAC is multidisciplinary, comprising professionals and practitioners (both content-area specialists and generalists), representatives of the public, community groups and technical experts drawn from the NHS, local government, the voluntary sector and the general public.

The Committee has 26 full members, including the Chair: 23 professionals, practitioners and technical experts, and three lay members. In addition, the Chair, at their discretion (but always in consultation with the NICE Project Team), has the power to co-opt up to five temporary members for their

specific technical or lay expertise, on a topic by topic basis, as ‘members for the day’.

Please refer to appendix B for the full terms of reference for PHIAC.

### **5.3 *Producing guidance***

#### **5.3.1 PHIAC’s first meeting**

At its first meeting, PHIAC reviews the synopsis of the evidence and the economic analysis, discusses whether or not it answers the key questions and drafts recommendations. If the evidence is very strong and directly applicable, then the process should be straightforward. However, in many cases it may not be possible to proceed in this way.

For information on developing recommendations please refer to ‘Methods for development of NICE public health guidance’.

#### **5.3.2 PHIAC’s second meeting**

At its second meeting, PHIAC amends the draft recommendations in the light of fieldwork with practitioners, stakeholder comments on the synopsis of evidence, any additional evidence submitted by stakeholders and the stakeholder comments on the draft recommendations.

Refer to ‘Methods for development of NICE public health guidance’ for further information on PHIAC’s role in drafting the recommendations in light of the fieldwork findings.

#### **5.3.3 Drafting the guidance**

PHIAC, supported by the NICE Project Team, drafts the guidance document, including the revised recommendations.

The guidance document includes the following elements:

- introduction and background (including the DH referral)
- recommendations for practice
- recommendations for research
- summary of methodology

- summary of evidence (main conclusions and evidence statements).

#### **5.3.4 Approving the QRG**

PHIAC's Chair approves the quick reference guide (QRG), a summary of the recommendations for professionals and the public. This is then signed off for publication by the Guidance Executive (GE).

## **6 The PDG's role in the development of public health programme guidance**

A public health Programme Development Group formulates recommendations to the Institute on the use of public health programmes in the NHS, local government and in the broader public health arena in England. The Group considers and interprets evidence on effectiveness and cost effectiveness provided by reviews of the evidence and by stakeholders.

A PDG is formed and convened for the development of every public health programme. The guidance development process takes 18 months.

### **6.1 *General principles***

The PDG is multidisciplinary and its members bring with them different beliefs, values and experience. It is important that all these perspectives are listened to and that each member has an equal voice in the process of guidance development.

The Chair ensures that a range of possible approaches are considered, while keeping the group focused on the timescale of the project. The Chair also allows sufficient time for all members to express their views without feeling intimidated and checks that all the members agree to endorse any recommendations.

If the Group cannot come to consensus in a particular area, this is reflected in the wording of the recommendation. Group members are accountable to the Group Chair for their contribution.

The Chair and members of the Group will act in accordance with those of the Institute's procedures and policies which have a bearing on its work, including those relating to the declaration of interests and confidentiality. Appointment to the PDG is outlined in the PDG Terms of Reference (see appendix B).

## **6.2 Membership of the PDG**

Membership of the PDG is multidisciplinary and multi-sectoral. Its exact composition is tailored to the topic being covered, but it will always comprise: practitioners, stakeholder representatives and members of the community.

Each PDG comprises up to 16 members, including the Chair: professionals, community members and technical experts.

Professional members represent the planners, commissioners and practitioners involved in preventing ill health, promoting health and wellbeing, addressing the wider determinants of health and tackling health inequalities. They are drawn from a range of backgrounds, including the NHS and local authorities. They ensure that relevant service and organisational issues are considered.

Community members are drawn from the general population or from particular community groups relevant to the guidance topic. They will either have direct experience of the topic under discussion or be a member of a relevant organisation or support group. Community members ensure that the PDG recommendations embrace issues relevant to specific population groups or to the general public. They also help identify where the guidance should acknowledge general or specific population preferences and choice.

Technical expertise is usually provided by the NICE Project Team (the Associate Director, the Technical Leads, and a Health Economist) and the relevant public health collaborating centre or contractor.

At the discretion of the CPHE Director, an external expert may be appointed to support the Chair. This will happen rarely, in circumstances where the skills required to manage a programme development group can only be found in a combination of two individuals.

In addition, up to five experts can be co-opted to attend a PDG meeting because of their knowledge in a particular area. They sit within the Group and enter fully into any discussion but are not full members and do not have voting rights.

Observers, including members of the Institute, need the permission of the PDG Chair and the Group before they can attend a PDG meeting. An observer should sit apart from the Group and not enter into the discussions unless invited to do so by the PDG Chair. Observers do not have voting rights.

### **6.3 *Producing the guidance***

#### **6.3.1 *Reviewing the evidence***

The PDG meets to consider each evidence review, including the economic appraisal. This usually involves five or six consecutive meetings.

### **6.4 *Producing recommendations***

#### **6.4.1 *Drafting recommendations***

The PDG produces draft recommendations on the basis of a synopsis of the evidence and the economic analysis.

#### **6.4.2 *Finalising recommendations***

The PDG holds a final meeting to amend the recommendations in light of both the fieldwork (carried out to test them against the experience of practitioners) and stakeholder comments on the overall synopsis of the evidence, any additional evidence submitted by stakeholders and their comments on the draft recommendations.

Refer to 'Methods for development of NICE public health guidance' for further information on the PDG's role in drafting the recommendations in light of the fieldwork findings.

#### **6.4.3 *Drafting the guidance***

The PDG, supported by the NICE Project Team produces the guidance document, incorporating the revised recommendations. The guidance document includes the following elements:

- introduction and background (including the DH referral)
- recommendations for practice
- recommendations for research

- summary of methodology
- summary of evidence (main conclusions and evidence statements)

#### **6.4.3 Approving the QRG**

The PDG Chair approves the quick reference guide (QRG), a summary of the recommendations for professionals and the public. This is then signed off for publication by the Guidance Executive (GE).

## **7 The role of collaborating centres, contractors and fieldwork practitioners**

### **7.1 Collaborating centres and contractors**

For topics where NICE has a framework agreement in place with an existing public health collaborating centre, that centre will usually be given first option to carry out the research. Where there is no collaborating centre, normal tendering processes apply.

This principally relates to:

- reviews of the evidence, including reviews of cost effectiveness
- the economic analysis
- summaries of the evidence reviews and the economic appraisal (but not the final synopsis of the evidence).

#### **7.1.1 Invitations to tender**

For intervention guidance, three reviews will usually be completed, requiring three briefs: two for reviews of effectiveness and one for an economic analysis.

For programme guidance five or six reviews will usually be completed requiring up to six briefs: five for reviews of effectiveness and one for an economic analysis.

The brief outlines all aspects of the work so that prospective contractors are clear about the task. The details will vary according to the topic area and the type of work required, but all briefs will include the following:

- introduction
- overview of the guidance development process
- project outline (including objectives and focus of the review)
- research questions
- methods (including methodological principles and the protocols for literature searches, and data selection and appraisal)

- required outputs (including format for rapid review work).

For more details on the NICE procurement process visit:

[www.nice.org.uk/page.aspx?o=115599](http://www.nice.org.uk/page.aspx?o=115599)

### **7.1.2 Reviewing the evidence**

The evidence reviews and economic analysis principally focus on the key research questions posed in the scope. A synopsis of the evidence is produced for PHIAC and the PDG and their respective stakeholders.

For detail about the development of evidence statements, please refer to the 'Methods manual'.

## **7.2 Fieldwork**

Fieldwork participants are selected by the NICE Project Team, together with the Implementation Lead and one or more designated representatives from PHIAC or from the PDG. They include relevant local people, regional representatives from national organisations and other key regional participants involved in the promotion of the relevant public health topic.

### **7.2.1 Organising the fieldwork**

For an intervention, fieldwork comprises a minimum of 4 day-long meetings, each involving 30–35 people with a remit for the health topic being appraised.

For a programme, up to 6, day-long meetings are held.

The meetings usually take place in different regions, to get a good sample of practitioners from across England, preferably in a practice-based or community setting (for example, a health centre, a local resource centre, a Friends meeting house or another community venue).

Professional facilitators run the meetings, but members of the NICE Project Team are also present. Members of PHIAC or the PDG may also be present.

For further information on the format of fieldwork meetings, please refer to 'Methods for development of NICE public health guidance'..

### **7.2.2 Fieldwork Report**

The fieldwork report summarises the key pointers arising from the fieldwork meetings: the data, the concepts as they emerged, as well as the implications for primary care trusts, strategic health authorities, regional directors of public health, local authorities, the voluntary and community sectors, the DH research and development function and policy leads in the DH and other relevant government departments.

## **8 Role of key groups and individuals in NICE**

### **8.1 Introduction**

This chapter describes how a diverse range of groups within NICE become involved during the development of public health guidance.

Key groups in NICE include:

- Implementation System Directorate
- Communications Directorate
- Clinical and Public Health Directorate (Information Services)
- Centre for Health Technology Evaluation
- Centre for Clinical Practice
- Planning and Resources Directorate
- PPIP.

### **8.2 Implementation System Directorate**

The Implementation System Directorate supports the guidance development process by providing implementation tools and resources. The implementation adviser assigned to the NICE Project Team is known as the Implementation Lead. They work with the relevant members of PHIAC or PDG and other key stakeholders to plan and develop these tools and resources.

### **8.3 Communications Directorate**

Three teams within the Communications Directorate are involved in the guidance development process:

- Publishing provides editorial support to the CPHE (including the development of editorial processes for key documents), editing documents during guidance scoping, development and validation, developing the QRG, and coordinating publication of the guidance and QRG
- E-Media (website) is responsible for publishing all information related to the project on the website, including consultation documents and final guidance

- Communications is responsible for media relations activities throughout the process, dissemination of the final guidance and public relations activities.

#### **8.4 Clinical and Public Health Directorate**

Information Services contributes to the search strategy involved in developing the scope. Staff also help commission contractors, and ensure the search strategies they use for the rapid evidence reviews are quality assured. In addition, staff help to identify links to similar NICE guidelines/technology appraisals – either in development or already published – and the implications for public health guidance in development.

Research and Development staff help develop the recommendations for further research identified by PHIAC or the PDG. The Research and Development team help prioritise these recommendations and communicate them to external agencies.

#### **8.5 Centre for Health Technology Evaluation/Centre for Clinical Practice**

The centres for Health Technology Evaluation and Clinical Practice share resources and expertise with the CPHE.

When a new topic is referred to the Institute, the Associate Directors from each centre meet to highlight areas of overlap, agree a course of action and the optimal timing of any related guidance and updates of existing guidance. They also liaise at an early stage to determine appropriate links between PHIAC or the PDG with relevant NICE committees and Guidance Development Groups, and to organise operational support.

Arrangements are in place to ensure that outputs from one centre can be used in the guidance produced by other NICE centres, where this will lead to more coherent advice for stakeholders. In addition, there is ongoing communication with the Guideline Project Team and the Appraisals Team to

ensure that the emerging recommendations are consistent with existing NICE guidance.

Relevant Technology Appraisal Committees and National Collaborating Centres for Clinical Guidelines are stakeholders for the public health guidance.

### **8.6 *Planning and Resources Directorate***

The Planning and Resources Directorate supports the CPHE project team on issues relating to finance, procurement and general office management.

### **8.7 *Patient and Public Involvement Programme***

The PPIP develops and supports public and community involvement in the development of the Institute's public health guidance.

### **8.8 *Guidance Executive***

Following final consultation, the guidance, is subjected to validation by NICE's GE. If major issues are identified, it may be necessary to reconvene the PDG to consider its response.

## **9 Updating guidance**

### **9.1 *Process for updating***

NICE guidance is published with the expectation that it will be reviewed and updated.

When published, a date for review is specified in the guidance. This is normally set at three years after publication. If the decision is made not to update the guidance at that time, it will be reviewed two years later. If substantial new evidence becomes available within three years of publication, the senior CPHE team will review the situation. It may make a recommendation to Guidance Executive to update the guidance before the 3 years has elapsed.

## Appendix A

### ***National Institute for Health and Clinical Excellence***

MidCity Place  
71 High Holborn  
London  
WC1V 6NA

Tel: 020 7061 3094  
Fax: 020 7061 3388

[www.nice.org.uk](http://www.nice.org.uk)

Date

Dear Stakeholder,

#### **NICE Public Health Programme Guidance on xxxxx**

Thank you for registering an interest in our work on xxxxxx.

As you may be aware, in April 2005 the Centre for Public Health Excellence was established in the newly formed National Institute for Health and Clinical Excellence (NICE). The new Institute was formed following the transfer of the functions of the Health Development Agency to the National Institute for Clinical Excellence.

The responsibility of the Centre for Public Health Excellence is to develop evidence based public health guidance.

As part of this work, the Department of Health has asked NICE to develop programme guidance across a range of public health topics. This includes:

Having registered as a stakeholder, you are invited to:

- Comment on the draft scope, which sets out what the guidance will, and will not cover. This will be published on the NICE website on xxxxx
- Attend the initial open stakeholder meeting to discuss the draft scope on xxxxxxxx;

- Review the stakeholder list and suggest other relevant organisations that may be interested in contributing to the development of the guidance;
- Comment on and submit additional evidence for consideration in the draft 'assessment report';
- Comment on the draft recommendations.

Consultation on the scope for the guidance runs from xxxxx until xxxxx. The scope defines what the guidance will and will not cover, we very much want to know your views on it before it is finalised. We will discuss its content at the stakeholder meeting, although this will not replace the formal process for submitting comments.

The stakeholder meeting is where Institute staff will outline the guidance development process and receive stakeholder input into the draft scope for the guidance. The xxxxx guidance stakeholder meeting will be held on **xxxxx**. The agenda and further details on how to get there will be forwarded to participants at a later date. The meeting will start at xxxx (with refreshments at xxxx) and is expected to last until xxxx.

Please email the enclosed stakeholder meeting attendance form(s) to [mcn@nice.org.uk](mailto:mcn@nice.org.uk) or fax to 020 7067 5801, indicating whether your organisation will be represented at this meeting, **by xxxx**. Please ensure that you include on the form the names and email addresses of the representatives who will attend.

Representation at the meeting is limited to two people per stakeholder organisation. If your organisation represents the interests of patients and/or carers, we would ask you to ensure that at least one of your representatives reflects this aspect of your work.

Please note that although the Institute will reimburse reasonable 2<sup>nd</sup> class travel costs and subsistence costs, it is unable to cover loss of earnings or locum costs.

We very much hope that someone from your organisation will be able to attend the meeting. It is an opportunity, along with the formal consultation process, to ensure that issues of concern to your members are considered for inclusion in the scope. I hope to see you there.

Please find attached the following documents;

- Appendix A : Information and criteria for becoming a registered stakeholder in the NICE public health guidance process;
- Appendix B : List of potential stakeholders; (those who have not registered so far)

- Appendix C : Full list of public health topics referred to NICE as part of the 11<sup>th</sup> wave;
- Appendix D : List of registered stakeholders;
- Attendance form for the stakeholder meeting.

We look forward to hearing from you,

Yours faithfully,

**Professor Mike Kelly**  
**Director of the Centre for Public Health Excellence**

Direct line: 020 7400 0676

Fax: 020 7067 5801

Main switchboard: 020 7067 5800

# Appendix B

## National Institute for Health and Clinical Excellence

### Public Health Interventions Advisory Committee

#### Terms of Reference and Membership

##### 1. Terms of Reference

- 1.1 The Public Health Interventions Advisory Committee will operate as a standing advisory committee to the Board of the Institute.
- 1.2 The Committee will receive, consider and interpret evidence on the effectiveness and cost effectiveness of public health interventions.
- 1.3 The Committee will develop guidance for the NHS, local government and the wider public health community, in accordance with the Institute's published methods and processes.
- 1.4 The Committee will submit its recommendations to the Institute's Guidance Executive, which will act on behalf of the Board in considering and approving the guidance for publication.
- 1.5 The Chair and members of the committee will act in accordance with those of the Institute's procedures and policies which have a bearing on its work, including those relating to the declaration of interests.

##### 2 Membership

- 2.1 The Committee will consist of 26 full members, including the Chair. The membership will consist of three constituencies: professional members, patient/public members and technical experts
- 2.2 In addition, the Chair, at their discretion, but always in consultation with the CPHE project team, will have the power to co-opt 5 temporary members to the Committee for their specific technical or lay expertise, on a topic by topic basis, as 'members for the day'. They will have voting rights.
- 2.3 Membership will be multidisciplinary and multi-sectoral, drawn from the NHS, local government, voluntary sector and the general public.
- 2.4 Professional members (10) will have experience of involvement in the commissioning and/or implementation of public health interventions at regional and local levels. They will be expected to read all relevant documentation and contribute constructively to meetings and use their own informal networks to inform their contribution. Detailed research expertise is not essential although

an understanding of evidence-based practice is desirable.

- 2.5 The lay members (3) will be drawn from the general population. They may either have direct experience of public health interventions or be a member of a relevant organisation or support group. Lay members are expected to ensure that the Committee's recommendations embrace general public/specific population issues. They will help identify where public/specific population preferences and choice may need to be acknowledged in the guidance.
- 2.6 Technical members will have specific expertise in assessing the quality of the evidence presented to the Committee and in its interpretation. Such expertise will include, but not be limited to, health economics, statistics and epidemiology.
- 2.7 On a topic by topic basis, experts will be invited to provide expert testimony to aid the Committee with its consideration and interpretation of the evidence. They will not engage with formulating recommendations and have no voting rights.

### **3 Terms of membership**

- 3.1 The Chair and members of the Committee will be appointed for a period of between 1 and 3 years in the first instance and may, by mutual agreement, be appointed to further terms of between 1 and 3 years.

### **4 Committee meetings**

- 4.1 The Committee will meet approximately every 4-6 weeks in London, other than in December.
- 4.2 Meetings will normally commence at 10am and finish between 5pm and 6pm unless otherwise advised.
- 4.3 Members will be expected to attend for the full day unless agreed in advance with the Chair (usually no less than 1 month) (see below)
- 4.4 There may also be one meeting per year that will last up to 2 days. Thus depending on the workload, when the CPHE work stream is fully established, members can expect to attend a maximum of 12 days per year, including the 2 day meeting if one is required.
- 4.5 The NICE CPHE project team will send an updated committee meeting schedule to members monthly, detailing changes as appropriate.
- 4.6 Additionally PHIAC will hold an 'away day' usually at the time of the NICE conference during December.

- 4.7 With the exception of the first two meetings, meeting dates will be arranged at least 3 months in advance, with the intention of moving to 12 months' notice with effect from April 2006 onwards. Members are expected to ensure that these dates are kept free until they are released.
- 4.8 Changes to meetings will only occur under exceptional circumstances. Cancellations will be notified at the earliest opportunity.
- 4.9 Members who are unable to attend a reasonable number of meetings (two thirds) during a 12 month period may be asked to stand down from PHIAC.

## **5 Quorum**

- 5.1 The quorum is set as 50% of members, including the Chair, for each meeting.
- 5.2. The decisions of the Committee will normally be arrived at by a consensus of the members present. However, in exceptional circumstances and at the discretion of the Chair, a vote may be taken to establish the Committee's position on one or more points. Where a vote is taken, a simple majority of those present will settle the point. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at the following meeting is likely to lead to a consensus.

## **6 Declarations of interest**

- 6.1 All members will be required to make an oral declaration all potential conflicts of interest at the start of the consideration of each public health intervention appraisal. These declarations will be minuted and published on the NICE website.
- 6.2 Members will be required to provide in writing an annual statement of current conflicts of interests, in accordance with the Institute's policy and procedures.

**National Institute for Health and Clinical Excellence  
July 2005**

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## SPECIAL HEALTH AUTHORITY

### PUBLIC HEALTH PROGRAMME DEVELOPMENT GROUPS (PDG)

#### TERMS OF REFERENCE AND CODE OF CONDUCT

#### **1.0 Terms of Reference**

- 1.1 PD Groups may vary in membership depending on the topic, but they are always multidisciplinary, comprising of technical experts, professionals, practitioners and patient/public.
- 1.2 The membership of each Group will comprise commissioners, local policymakers, researchers, practitioners, who are nominees of the registered stakeholders on the topic in question and members representing the potential users and target populations for the guidance and the general public as appropriate.
- 1.3 Members of Public Health Programme Development Groups will consider and interpret evidence prepared by the National Institute for Health and Clinical Excellence (NICE) or by contracted organisations on behalf of NICE, on the effectiveness and cost effectiveness of public health programmes with particular reference to their impact on health inequalities.
- 1.4 Members take collective responsibility for the development of evidence-based recommendations for the NHS in England and for the wider public health system, including local authorities on behalf of NICE on a specific public health topic. The Guidance Executive, acting on behalf of the Institute's Board, will receive the recommendations and sign them off.
- 1.5 Group members are accountable to the Group Chair, for their contribution to the work of the Group.
- 1.6 The Chair and members of the Group will act in accordance with those of the Institute's procedures and policies which have a bearing on its work, including those relating to the declaration of interests and confidentiality.

#### **2.0 Appointment to the Programme Development Group**

- 2.1 The PDG reflects the range of stakeholders or groups whose professional activities or care will be covered by the guidance and includes at least two lay members with experience or knowledge of patient/public issues. In addition to the PDG members, individuals with

relevant expertise may be co-opted to attend for specific meetings, as required. The Director of CPHE will liaise with the Executive Lead and the Chair of PDG concerning co – option.

- 2.2 Members will be invited to join the PDG by the Centre Director (CD) of the Centre for Public Health Excellence (CPHE), in consultation with the PDG Chair, and the Executive Lead. The individual members will be selected from the list of registered stakeholder organisations. Key stakeholder organisations will be asked for nominations.
- 2.3 Individuals may also express interest in joining the PDG or people may be put forward through informal networks.
- 2.4 Potential members may be interviewed before a final selection is made.
- 2.5 PDG members must ensure they make sufficient time to be involved in the development of the public health guidance and will be asked to make a formal commitment to attend at least 80% of the PDG meetings.
- 2.6 If a member persistently fails to attend meetings the CD for CPHE, in consultation with the PDG Chair and Executive Lead, may consider replacing that member of the group.

### **3.0 Membership**

- 3.1 Membership will be multi-disciplinary and multi-sectoral, drawn from the NHS, local government, voluntary sector and the general public.
- 3.2 There will be four key constituents – the chair, professional members, patient/public members and technical experts.
- 3.3 The group will consist of not more than 16 members including the chair, and up to 5 co-opted members.
- 3.4 At the discretion of the Director of CPHE, an external expert may be appointed to support the Chair. This will happen rarely, in circumstances where the skills required to manage a development group can only be found in a combination of two individuals.
- 3.5 The lay members will be drawn from the general population. They may either have direct experience of the topic under discussion or be a member of a relevant organisation or support group. Lay members will encourage the Committee to ensure that its recommendations embrace relevant general public or specific population issues. They will help identify where public/specific population preferences and choice may need to be acknowledged in the guidance.
- 3.6 Technical expertise will normally be provided by the NICE public health programme project team and their contractors. This team will normally

comprise the technical lead (s), the lead reviewer and a health economist.

- 3.7 There may be occasions when someone external to the group attends a particular meeting, either as an observer or an expert. Observers and experts do not have voting rights.
- 3.8 Observers need the permission of the group before they can attend a PDG meeting. An observer attending a PDG should sit apart from the group and not enter into the discussions unless invited to do so by the PDG Chair. Observers can also include members of the Institute who may attend the meeting to observe the progress of a particular piece of guidance.
- 3.9 Experts attending a PDG are present because of their knowledge in a particular area. Therefore, it is important that they sit within the group and enter fully into any discussion. They are not full members of the group, however, and they do not have voting rights and should not be involved in the final wording of recommendations.
- 3.10 Towards the end of the development process colleagues from the Communications team in NICE will join the PDG and will support the final production of the Guidance.

#### **4.0 Terms of Membership**

- 4.1 Each public health Programme Development Group will be convened for the duration of the development of the guidance. Members may be required to attend other NICE committees if the need arises. Normally they would attend other committees with the status of observers

#### **5.0 Training**

- 5.1 The CPHE team will work with the Chair to identify and meet appropriate training needs of PDG members.
- 5.2 All PDG members will be given an induction, which will include a one day induction event prior to the first meeting of the PDG. The agenda for the induction will be agreed with the PDG Chair and the public health programme team.
- 5.3 Further training will be provided by PPIP to lay members.
- 5.4. Members of the committee should be prepared to participate in the media launch of the guidance when it is completed. Media training will be provided by NICE.
- 5.5. During the life of a PDG, members will refer any enquiries they receive from the press or other media directly to the NICE press team.

## **6.0 Committee meetings**

- 6.1 The Group will meet every 6 weeks when fully operational, or as appropriate, normally in London.
- 6.2 Meetings will normally commence at 10.00am and finish between 4.00pm and 5.00pm unless otherwise advised.
- 6.3 Members will be expected to attend for the full day unless agreed in advance with the Chair (usually no less than one month's notice is required)
- 6.4 With the exception of the first two meetings, meeting dates will be arranged at least 3 months in advance with the intention of moving to 12 months notice with effect from April 2006 onwards. Members are expected to ensure that these dates are kept free until they are released.
- 6.5 Changes to meetings will only occur under exceptional circumstances. Cancellations will be notified at the earliest opportunity.

## **7.0 Quorum**

- 7.1 The quorum is set at 50% of the full membership.
- 7.2 Although this quorum is a minimum, the needs of the PDG are such that an appropriate spread of member's interests should be represented at each meeting. Thus it may be that meetings will not take place if this spread of interests is deemed by the Chair to be insufficient for the interventions under consideration (e.g. it may be important to ensure representation of both primary care and local government, health economic expertise and lay members).
- 7.3 It is essential that members give adequate notice to the PDG administrator of possible absence from meetings well in advance (usually a minimum of 1 month). This is to ensure that both a quorum and appropriate spread of expertise is available on the day and to avoid last minute cancellation of meetings.
- 7.4 Unless advance notice is received the NICE public health programme team will assume that members will be in attendance at all scheduled meetings

## **8.0 Identifying interests and conflict of interest**

- 8.1 Potential members of the PDG, and any individuals having direct input into the guidance (including expert peer reviewers), should provide a formal written declaration of personal interests. A standard form has been developed for this purpose which also includes the Institute's standard policy for declaring interests. This declaration of interest form

should be completed before any decision about the involvement of an individual is taken.

- 8.2 Any changes to a Group member's declared conflicts of interests should also be recorded at the start of each PDG meeting. The PDG Chair should determine whether these interests are significant.
- 8.3 If a member of the PDG has a possible conflict of interest with only a limited part of the guidance development or recommendations, that member may continue to be involved in the overall process but should withdraw from involvement in the area of possible conflict. This action should be documented and be open to external review. If it is considered that an interest is significant in that it could impair the individual's objectivity throughout the development of public health guidance, he or she should not be invited to join the group.

## **9.0 Appeals**

- 9.1 There is no right of appeal against the membership of the PDG.

## **10.0 Confidentiality**

- 10.1 All discussions should be treated as strictly confidential.
- 10.2 All documentation supplied should be treated as strictly confidential. Documents should be stored securely and destroyed appropriately when the guidance is completed. (NICE is able to destroy documents confidentially if members do not have this facility).
- 10.3 All draft guidance documents sent to members must also be treated strictly confidentially. They must not be shared or discussed, under any circumstances, with non-PDG members

October 2005