

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL
EXCELLENCE**

**Topic Selection Programme
Process Manual**

August 2008

About this document

This document describes the process that NICE uses to manage topic selection.

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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1 Introduction

1.1 Background

The National Institute for Health and Clinical Excellence (NICE) is part of the NHS. It is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sectors
- health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the national health service (NHS).

As part of its work on health technologies, NICE's interventional procedures programme produces guidance on the safety and efficacy of invasive procedures. Topics for this programme are sent direct to NICE, usually by clinicians. They are not part of the topic selection process described in this manual.

Further details about the Institute and its work programmes are available in 'A guide to NICE'. This can be downloaded from the website (www.nice.org.uk) or is available in print, by telephoning 0870 1555 455 and quoting reference number N0869.

1.2 The purpose of this process manual

This process manual sets out the processes and timescales involved in managing the topic selection process for the Institute's clinical practice, health technologies and public health work programmes.

More information about what happens after a topic is referred to NICE is available in 'A guide to NICE' or on the Institute's website at www.nice.org.uk

1.3 *Updates to this process manual*

From September 2006 NICE took responsibility for the administration of the topic selection process from the Department of Health, following public consultation. From that point in time NICE has managed the administrative processes for receiving, sifting and prioritising topics for the NICE work programmes but Ministers have retained responsibility for their final referral to NICE.

This version updates and replaces the draft interim process manual approved by the NICE Board in November 2006. This revised version takes account of the experience NICE has gained from operating the topic selection process from September 2006 and of relevant policy initiatives and publications issued by the Department of Health since that date.

This revised document has been subject to consultation with a range of NICE stakeholders.

2 Topic selection process

2.1 *What is topic selection?*

Topic selection is the process used to identify and prioritise which:

- treatments or ways of caring for people with specific conditions or diseases should be the subject of NICE guidance
- approaches to the promotion of health and the prevention of ill health should be the subject of NICE guidance.

2.2 *The aims of the topic selection programme*

The aim of the topic selection programme is to ensure that appropriate topics are selected for the NICE work programmes such that NICE guidance is relevant, timely and addresses priority issues which will help improve the health of the population.

The main aims of the process that has been put in place are to:

- give NICE stakeholders – patients, carers, the public, NHS professionals, public health professionals and manufacturers of healthcare products – a clear opportunity to contribute to the topic selection process
- ensure NICE’s work programmes address topics of importance to patients, professionals and the health of the public and help them make the best use of NHS resources
- coordinate the selection of public health and clinical topics using a standard selection process
- make topic selection as rapid as possible in order to minimise the period of uncertainty prior to guidance being issued
- ensure that all topic selection activities are inclusive, open, transparent and consistently applied

- ensure that all stages of the process are well documented with clear operating procedures and responsibilities and that there is clear and visible end to end tracking of all topics
- ensure there are appropriate governance structures and arrangements in place with all relevant parties

2.3 *The key activities of the programme*

The Programme's key activities are:

- promoting the suggestion of topics to NICE
- developing networks and attending meetings of key clinical and public health groups to elicit topic suggestions
- receiving topic suggestions
- maintaining a database and organisational memory of all topics suggested, their progress and fate
- deciding whether suggestions fall within the Institute's remit
- undertaking preliminary elimination and filtration of topics
- compiling and maintaining a list of potential priority topics which may be suitable for the NICE work programmes
- ensuring high quality topic briefing notes are prepared on prioritised topics
- obtaining specialist advice on specific topics
- convening meetings of the Institute's Topic Selection Consideration Panels, managing their membership, governance arrangements and providing Panels with appropriate information and advice .
- preparing summary information from the topic selection consideration panels for submission to the Department of Health and to Ministers
- communicating with topic suggestors
- ensuring compliance with statutory obligations

2.4 *The Topic Selection Team*

The Topic Selection team is part of NICE's Implementation Directorate and all staff in the team are employed by NICE. The team consists of clinical, technical and information specialists as well as project management and administrative staff who support the process. The role of the team is to carry out the key activities highlighted above in paragraph 2.3, above, and to ensure that processes and standard operating procedures for the topic selection process are followed in line with agreed timelines and standards of quality. The team is committed to improving its practice and methods through continuous review and audit.

In addition to the topic selection team, other teams at NICE provide support to the development of potential topics.

2.4.1 The Implementation team

The Implementation team uses its network of contacts and regular meetings with the NHS, Local Authorities and all key external agencies to inform as wide a range of stakeholders as possible about the need to suggest quality topics for consideration. Feedback from the users of NICE guidance assists in the development of future guidance priorities and also the focus for future potential topics.

The costing team, also part of the Implementation Directorate, has a particularly important role in contributing the cost estimates for all topics discussed by NICE's topic selection consideration panels. The associate director of the costing team also meets with members of the DH/NICE Liaison Team prior to the Referral Oversight Group meeting (see section 3.7) in order to provide more detailed financial information to Ministers.

2.4.2 The Information Services team

The Information Services team manages the database of all topics, their history and their fate. The team searches for patient population data, background information on disease areas or behaviours, assesses whether topics fall into NHS priority areas and searches for evidence relevant to each

prioritised topic. The team contributes to the production of consideration panel briefing notes by identifying existing relevant NICE guidance, topics in the topic selection process, or guidance produced by another professional body, in that particular area that would need to be taken into account by the topic selection consideration panels.

2.4.3 The Patient and Public Involvement Programme (PPIP)

The PPIP recruits and supports lay members of the Topic Selection Consideration Panels; identifies relevant patient and lay Groups to provide commentary and opinion on topics prioritised for review by the topic consideration panels; and encourages members of the public and patient organisations to respond to requests for information. NICE uses the terms 'patient organisation' and 'patient group' to include patients, carers and community and other lay organisations, including those that represent people from groups protected by equalities legislation.

2.5 Relationships with other organisations

NICE works closely with many professional, NHS and other organisations, including those representing patients and carers. The following list is not exhaustive but identifies some key partners of the topic selection team::

- the Healthcare Commission
- the Department of Health
- the Welsh Assembly Government
- the Scottish Executive Health Department
- the Northern Ireland Department of Health, Social Services and Public Safety
- the Medicines and Healthcare products Regulatory Agency (MHRA)
- the European Medicines Evaluation Authority (EMA)
- the National Institute for Health Research Health Technology Assessment Programme (NIHR)
- the National Commissioning Group (NCG)
- the National Specialised Commissioning Group (NSCG)
- the National Screening Committee (NSC)

- the Joint Committee on Vaccines and Immunisation (JCVI)
- the National Horizon Scanning Centre (NHSC)
- the National Patient Safety Agency (NPSA)
- the National Prescribing Centre (NPC)
- the National Imaging Board
- the NHS Litigation Authority
- NHS Quality Improvement Scotland
- NHS Research and Development
- NHS National Technology Adoption Hub
- The Centre for Evidence Based Purchasing (Purchase and Supply Agency)
- the Association of British Pharmaceutical Industries (ABPI)
- the Association of British Healthcare Industries (ABHI)
- Medical Devices in Scotland (MDIS)
- the Scottish Intercollegiate Guidelines Network (SIGN)
- the Scottish Medicines Consortium (SMC)
- device manufacturers
- pharmaceutical companies
- patient organisations
- the professional bodies, for example the Royal Colleges and clinical and professional networks and groups.
- Public Health stakeholders groups and networks

Where appropriate, Memoranda of Understanding will be put in place to define specific relationships in the exchange of information.

3 How the topic selection process works

3.1 Summary of the topic selection process (excluding new cancer drugs)

The topic selection process consists of a series of key stages. More information about each of these stages is set out in the following sections.

NB This describes the process for all topics other than new cancer drugs and new indications for existing cancer drugs – these are considered by the process described at 3.10.

- a) A topic is suggested.
- b) Suggestions are assessed to see if they meet NICE's remit.
- c) Suggestions that do not meet NICE's remit are eliminated.
- d) Suggestions that do meet NICE's remit are then assessed (or 'filtered') using selection criteria set by the DH (see appendix A) and after taking expert advice.
- e) Further background information is gathered on those topics which achieve a high score during the 'filtering' process, and a detailed brief is prepared for the consideration panel which deals with the particular topic area.
- f) The consideration panel makes a priority list, ranked if necessary, from the topics it receives.
- g) A joint NICE/DH Consistency Checking Group meeting takes place to check that decision-making has been consistent across all seven panels.
- h) Suggestions prioritised by the consideration panels go to the Referral Oversight Group (a DH group with NICE members). This Group agrees the final list of guidance priorities to go to Ministers.
- i) Ministers decide which topics provided by the ROG should be referred to NICE.
- j) In the case of technology appraisals, Ministers make a 'minded referral'. This referral is subject to consultation before Ministers make a final decision.

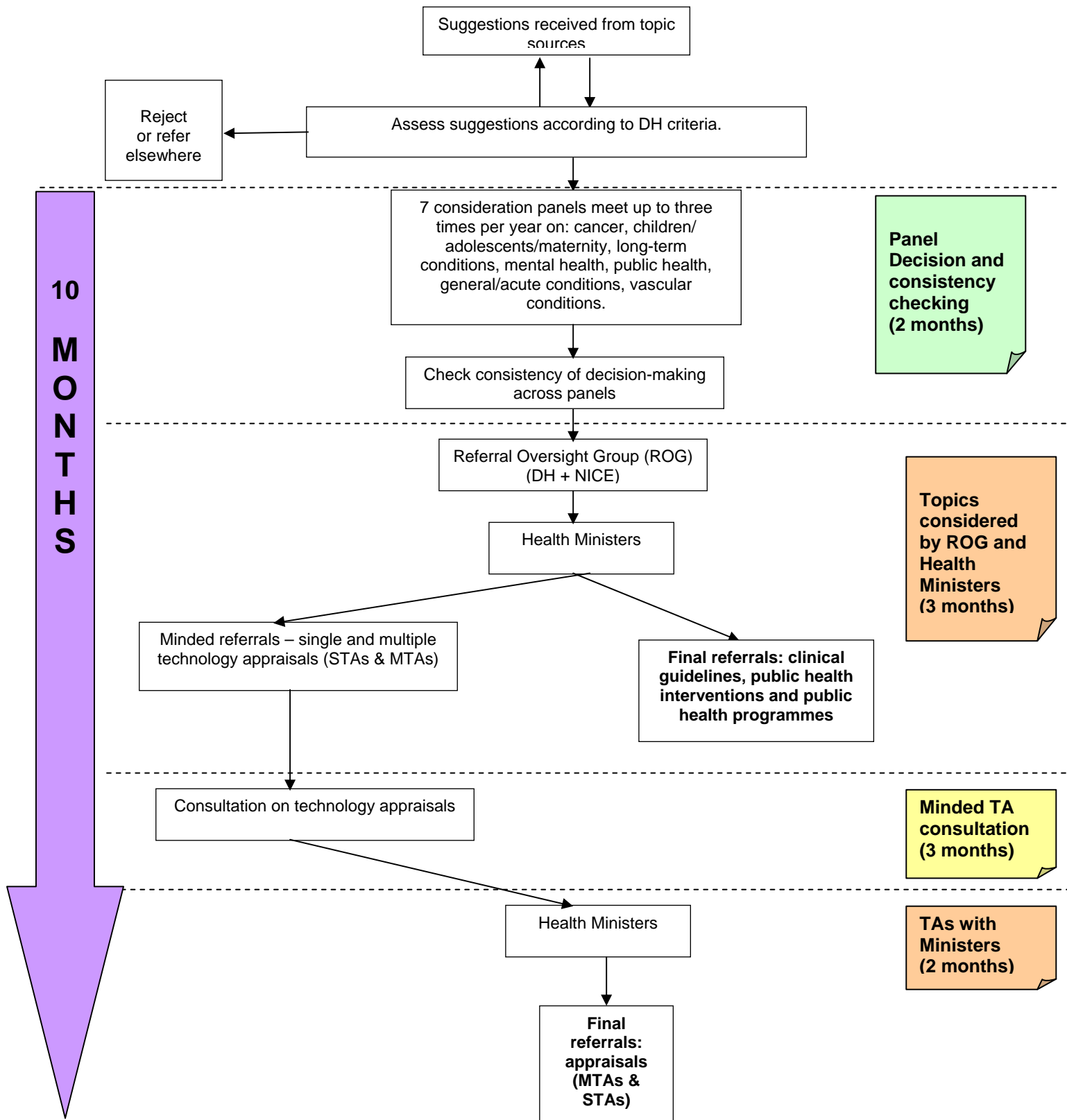
Topics are batched for consideration three times per year. Input from the National Horizon Scanning Centre in Birmingham on new drugs is synchronised with the timing of the development of briefing notes on clinical guideline and public health topics so that batches of all prioritised topics may be considered together at consideration panel meetings held three times per year.

Outputs from each sitting of all the consideration panels are then prepared for submission to the Department of Health in prioritised batches three times per year. The Minister makes three final referrals per year to NICE of new topics for the NICE work programmes.

NICE is responsible for managing the early stages of the process. DH is responsible for the ROG meetings and contact with Ministers.

The process is outlined in the following flowchart and will be repeated three times per annum.

Flowchart of topic selection process (excluding new cancer drugs and technologies) and target process timeline



3.2 Generation of topic suggestions

Anyone can suggest a topic for NICE guidance via the online suggestion form at: www.nice.org.uk/page.aspx?o=ts.home The form can be posted to people who do not have access to the internet. Please contact the Enquiry Handling Team on 0845 003 7781, or at Level 1A, Piccadilly Plaza, Manchester M1 4BD.

In addition to ad hoc suggestions, the Institute proactively searches for topic suggestions. This involves:

- liaison with DH policy leads, national clinical directors, patient and carer organisations, royal colleges, managers, the NHS and the wider public health community
- keeping abreast of important technologies that are likely to be available to the NHS within the next 2–3 years, via the National Horizon Scanning Centre at the University of Birmingham
- enabling NICE staff, such as its regional implementation consultants to help identify gaps in existing guidance
- literature and database searches.
- capturing potential topics arising out of existing guidance development processes
- raising awareness about topic selection at meetings and conferences
- eliciting topics from specialist advisory groups

All suggestions, regardless of the source, are assessed. The volume of duplicate suggestions on a particular topic does not influence the selection of a topic.

If a topic is prioritised for consideration it will not necessarily go to the next consideration panel that takes place, as there are constraints on resources

and capacity at several levels, i.e. within the topic selection team, within the agenda of the consideration panels, and within NICE's work programmes.

Any 'in confidence' material submitted in relation to a suggestion will remain confidential throughout the topic selection process until it has been released into the public domain.

3.3 *Preliminary assessment of topics*

Topic suggestions are initially assessed by the topic selection team. The aim is to:

- eliminate topics that do not meet NICE's remit or are otherwise inappropriate
- 'filter' topics according to the DH selection criteria (see appendix A), utilising specialist clinical advisors as appropriate, and progressing those topics that relate to significant health need, service impact and NICE's ability to add value.

This initial assessment is not final. The outcomes of all these decisions are reviewed by the expert topic selection consideration panels which may identify topics for re-assessment.

3.4 *Specialist Clinical Advisors and Advisory Groups*

The Topic Selection Team takes advice from Specialist Clinical Advisors, who are experts involved in the area of the topic under consideration.

3.4.1 *The Identification of Specialist Clinical Advisors*

Because the range of topics on which advice will be sought is so broad it is not feasible to recruit a panel of advisors that would be able to comment on the broad range of topics that the Institute is likely to receive for consideration.

The Topic Selection Team makes use of the 2000 + specialist clinical advisors who already have or are presently working across the breadth of the NICE work programmes. These include:

- Committee members and specialist clinical advisors to the interventional procedures programme;
- Members of clinical guideline development groups
- Members of the public health advisory committee and development groups
- Committee members and expert clinical advisors to the appraisals committee
- Topic selection consideration panel members

If a relevant specialist advisor cannot be found from within this existing resource, experts may also be identified through colleges, specialist societies and clinical standing committees or from the literature. A current specialist advisor may also recommend another specialist clinician in the field.

Care is taken to obtain a range of advice to ensure that the advice received is as objective as possible. At least 2 and normally 3 specialist advisors will be consulted on each topic.

3.4.2 The Role of Specialist Clinical Advisors

The Specialist Clinical Advisers provide advice about the relevance, significance and importance of potential topics for the NICE work programme against the topic selection criteria agreed with Department of Health (appendix A). Specialist clinical advisors may also be responsible for drafting briefing notes on specific topics for the consideration of the consideration panels.

Specialist Advisors are not responsible for making decisions, only for providing advice. It is the consideration panel that is responsible for providing advice to Ministers on prioritised topics.

Specialist Advisors may be called on to provide their opinions to the Topic Selection Consideration Panel in person when necessary, for example in situations where there is no committee member present with that specialism.

Comments from specialist advisors are always attributed either in the topic briefing notes considered by the Topic Consideration Panels or in the minutes of the Consideration Panel proceedings.

3.4.3 The Role of Specialist Advisory Groups

The Topic Selection Team will make use of key external clinical standing committees in order to encourage and promote high quality topic suggestions onto the NICE work programmes.

On occasion specialist advisory groups will be specifically formed on a time limited basis to initiate and develop briefing notes on topic suggestions in specific areas. Such Groups will only be established when necessary and will be established with the agreement of NICE and the Chair of the relevant Topic Selection Consideration Panel. Such groups will include expert members of topic selection consideration panels along with external experts as required.

3.5 *Consideration panels*

3.5.1 The Role of Topic Selection Consideration Panels

The topic selection consideration panels consider possible topics for NICE guidance which have been suggested by a variety of sources. The panels prioritise and recommend topics they think are most important and fit best with NICE's work programme.

There are seven topic selection consideration panels. These focus on:

- cancer
- children, adolescents and maternity
- vascular conditions (including renal conditions and diabetes)
- long term conditions
- mental health
- public health
- general and acute conditions.

The panels are chaired by experts in each topic area and are comprised of about 30 individuals. Each panel includes other experts in the topic area, generalists with a good understanding of the health service or public health, and patient or carer representatives. Panel members are recruited through advertisement. Initially, they serve for a maximum of three years, when their membership is reviewed. Membership of the panels is published on the NICE website.

The panels are supported by NICE's topic selection team which prepares a brief, including further background information, to enable them to review topic suggestions against DH selection criteria (see appendix A). The topic selection team follows a standard procedure in deciding how to allocate topics to panels for discussion.

Panel members are asked to comply with the Institute's Code of Conduct on Declaration of Interests.

The panels follow standard procedures to:

- make a priority list from the topics they receive. These lists are submitted to the Referral Oversight Group (ROG)
- assess whether decisions made at the elimination and filtering stages are appropriate

The prioritised recommendations from the consideration panels are passed to a referral oversight group of the Department of Health and NICE. This group draws up a priority list from the recommendations of the consideration panels. The final decision on which topics to refer to NICE are made from this priority list by Department of Health Ministers.

Minutes of panel meetings which have been agreed by the panel chair but not yet confirmed by the panel itself (unconfirmed minutes) are published on the NICE website within one month of the meeting (or when the Chair has agreed the minutes, whichever is sooner) . The confirmed version is published once

the members have agreed the minutes at the following meeting. Both confirmed and unconfirmed minutes exclude 'in confidence' information.

Recommendation by a consideration panel does not mean a topic will be automatically referred to NICE as the final decision on topics for referral rests with Ministers.

3.6 Consistency checking group

A joint NICE/DH meeting takes place shortly after each round of consideration panel meetings to check that decision-making has been consistent across all seven panels.

Once these issues have been taken into account, the panels' recommendations are then forwarded to the Referral Oversight Group (ROG).

3.7 Referral Oversight Group

The Referral Oversight Group (ROG) is a DH-led group of senior representatives from the DH, NICE and the NHS. It is chaired by Sir Bruce Keogh and provides Ministers with advice on the final list of topics proposed for NICE's work programme, taking into account overall policy objectives and the capacity available within the NICE work programmes. The DH provides the ROG secretariat.

3.8 Ministerial referral

Ministers make the final decision on which topics to refer to NICE. Ministers make final referrals for clinical guidelines and public health topics and 'minded' referrals for technology appraisals.

Responsibility for the ROG and liaison with Ministers rests with the DH.

3.9 Minded referrals

Minded referrals are a list of potential technology appraisals which need to go out for consultation before a final decision on referral can be made. NICE organises a consultation on the remit and scope of these appraisals. The

results of the consultation are submitted to the DH. Ministers review the results and make a decision on which ones will be referred to NICE.

3.10 Summary of the topic selection process for new cancer drugs

Following the publication of the Cancer Reform Strategy in December 2007, the Institute has agreed with Ministers a separate, more rapid, topic selection process for the consideration of all significant new chemical entities for the treatment of cancer including all significant changes to licensed indications for existing cancer drugs. This process is different from the approach outlined above in a number of ways, as set out below.

- a) a topic is suggested (suggestions regarding new cancer drugs are invariably received from the NHSC).
- b) Suggestions are assessed to see if they meet NICE's remit and those that do are 'filtered' using selection criteria set by the DH (see appendix A) and after taking appropriate expert advice.
- c) Further background information is gathered on those topics which achieve a high score during the 'filtering' process, and a detailed brief is prepared for the cancer topic selection consideration panel.
- d) The consideration panel makes a priority list, ranked as necessary, from the topics it receives.
- e) Suggestions agreed and prioritised by the cancer consideration panel proceed direct to consultation on the scope of technology appraisal (scoping may also commence prior to the panel meeting, if this is required to ensure the timely publication of guidance);
- f) Ministers make a final referral following the outcome of the scope consultation.

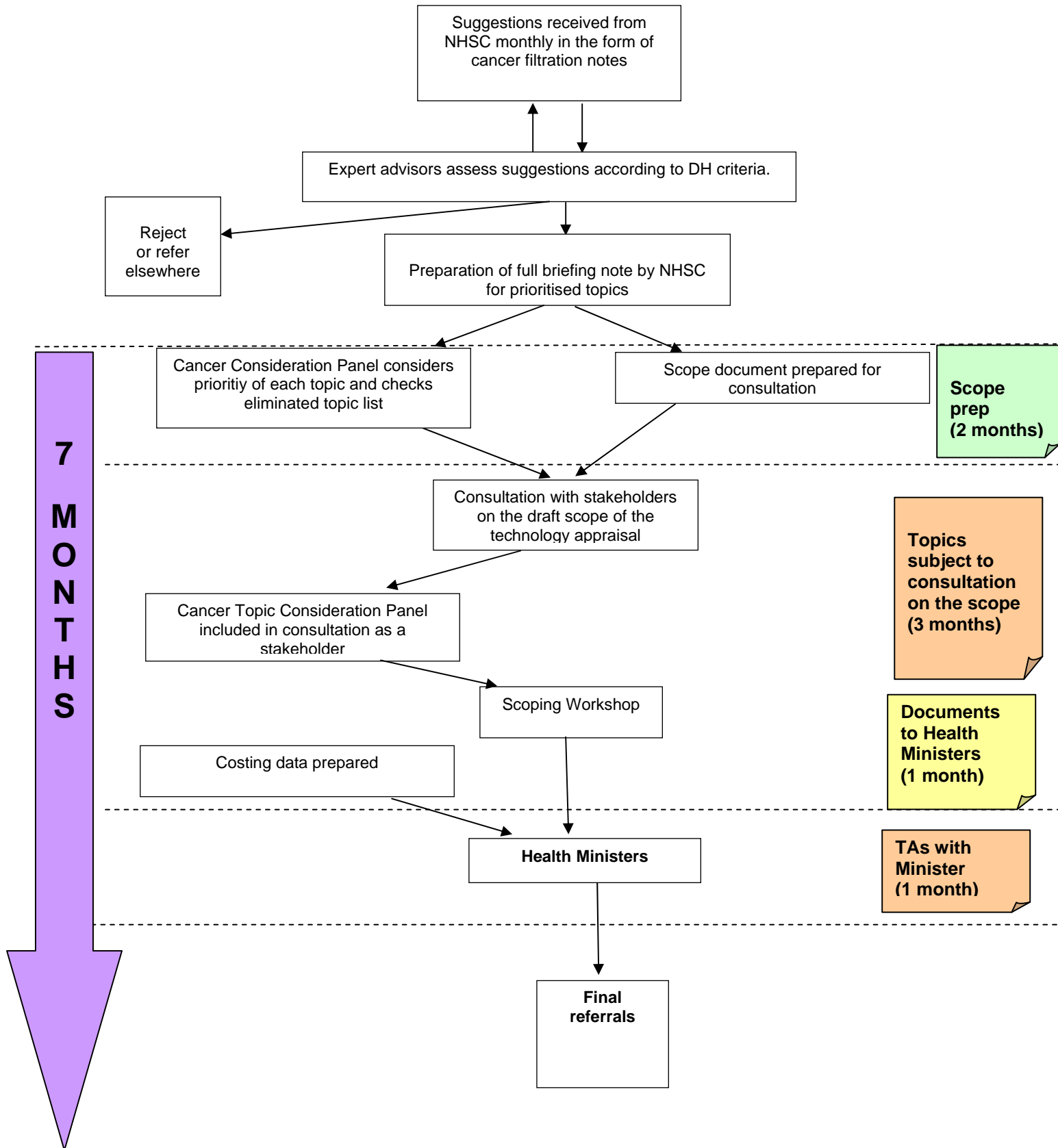
Topics are batched for consideration on a monthly basis. The Cancer topic selection panel can meet as often as every two months to consider topics as they arise.

Outputs from each meeting of the cancer consideration panel are then prepared for consultation with stakeholders on the draft scope and remit of the technology appraisal. The Minister is able to make a final decision on new cancer topics up to 6 times per year.

NICE is responsible for managing the early stages of the process. DH is responsible for contact with Ministers.

The process is outlined in the following flowchart and will be repeated up to 6 times per year with final Ministerial approval being given up to 6 times per year.

Flowchart of topic selection process for new cancer drugs and technologies and target process timeline



3.11 *Key process differences between cancer and non cancer technologies*

The key differences between the cancer topic selection process for new cancer drugs and the process for other topics is that:

- cancer drugs are assessed by the sifting panel prior to full consideration through the topic selection process
- all potential cancer topics are batched and considered more frequently than for non cancer topics;
- there is no consistency checking panel, no referral oversight group meeting and no minded referral stages for cancer topics.
- the scoping process may commence prior to the panel meeting, if this is required to ensure the timely publication of guidance

4 Involvement of patients, carers and the public

Patients, carers and organisations which represent them can be involved in the topic selection process.

4.1 *How people can get involved*

- Anyone can make a topic suggestion – individuals or organisations. See www.nice.org.uk/page.aspx?o=ts.home
- At least two 'lay' members sit on each consideration panel. They are chosen through the same open recruitment process as other panel members. Generally, they are either individuals who have experience of the subject – as a patient or a carer, or from working for a patient, carer or voluntary sector organisation. They are supported by the Institute's Patient and Public Involvement Programme (PPIP).
- Briefing notes for the consideration panels include, wherever possible, the views of relevant patient and carer organisations.

4.2 *How NICE communicates with stakeholders*

At present, communication with anyone who proposes a topic comprises:

- acknowledgement of receipt of the suggestion
- confirmation of outcome within one month of a final decision being reached.

Once the assessment process starts, it can three years or more to reach a final decision on topics for referral. The NICE website will contain the following information about topic selection:

- description of topic selection process
- topic suggestion form
- frequently asked questions (FAQs)
- terms of reference for consideration panels and agreed meeting dates
- membership of the consideration panels
- minutes and other information relating to decisions made
- the topic selection process manual.

4.3 *Complaints*

Complaints about the administration of the topic selection process should be made to NICE in writing. Information about NICE's complaints procedure is available at www.nice.org.uk/page.aspx?o=107689. Please note: the DH selection criteria and how they are applied are not grounds for complaint.

5 Equalities and Topic Selection

Inequalities in health outcomes are experienced by a range of different groups in society including socio economically deprived groups, black and minority ethnic groups, older or younger people, men or women, people with disabilities, people from particular religions or with particular beliefs and gays, lesbians or bisexuals. Inequalities may vary according to the type of disease or condition an individual has as well as other factors such as location;

Although the inequalities gap between the most deprived groups and the general population has got smaller, more needs to be done to tackle inequalities as experienced by all these different groups.

The Institute's Topic Selection Process seeks to identify topics for its work programmes that will help to reduce inequalities in particular groups. However these topics will be considered alongside and on an equal basis with topics that are concerned with improving the health of the nation as a whole. Both types of approaches are legitimate and neither approach has priority over the other.

The Institute is required to take into account all of the legislation in relation to equity. Areas of primary legislation where inequalities exist are as follows:

Sexual Discrimination Act 1975 (as amended)

Race Relation Act 1975 (as amended, 2000)

Disability Discrimination Act 1995

Disability Discrimination Act 2005

Human Rights Act (1998)

Employment Equality (Sexual Orientation) Regulations 2003

Employment Equality (Religion and Belief) Regulations 2003

Employment Equality (Age) Regulations 2006

Gender Duty in the Equality Act 2006

Although not covered by legislation, socioeconomic deprivation is another key area of potential inequality which is also considered.

Appendix A Department of Health selection criteria for referral of topics to NICE

1. Is it appropriate for NICE to provide guidance on the topic? In particular,
 - (a) is the proposed topic within NICE's remit?
 - (b) has NICE already provided guidance or is NICE developing guidance on the proposed topic?
 - (c) is the proposed topic emerging as a future public health issue?
 - (d) is the proposed topic an ultra-orphan disease?

2. Would guidance promote the best possible improvement in public health and wellbeing and/or patient care, and the reduction of inequalities in health, given available resources? In particular, are one or more of the following satisfied?
 - (a) Does the proposed guidance relate to one of the public health or NHS clinical priority areas, or to other health-related government priorities?
 - (b) Does the proposed guidance address an area of action where better evidence of cost effectiveness would be expected to lead to substantive cost efficiencies in the delivery of quality programmes or interventions?
 - (c) Does the proposed guidance relate to one or more interventions or practices which might impact significantly on NHS or other societal resources (financial and other)?
 - (d) Does the proposed guidance relate to one or more interventions from which the NHS could disinvest without detriment to cost-effective patient care, thus freeing up resources for use elsewhere in the NHS?

And, for **public health topics**, one of the following.

- (e) Does the proposed guidance relate to an area of public health action that has high policy priority in the Department of Health (DH) and/or across government?
- (f) Does the proposed guidance address an area of public health action that promotes population health or well-being, and/or relates to a significant burden of avoidable disease, disability, injury or early death in the population as a whole or in specific population sub-groups?

And, for **clinical topics**, one of the following.

- (g) Does the proposed guidance address a condition which is associated with significant morbidity or mortality in the population as a whole or in particular subgroups?
- (h) Does the proposed guidance relate to one or more interventions or practices which could:
 - i. significantly improve patients' or carers' quality of life; and/or
 - ii. reduce avoidable morbidity; and/or
 - iii. reduce avoidable premature mortality; and/or
 - iv. reduce inequalities in healthrelative to current standard practice if used more extensively or more appropriately?

(3) Will NICE be able to add value by issuing guidance? In particular, taking into account whether:

- a) there is available in the topic area a substantive or developing body of research or related evidence, where plausible linkages between public health or clinical actions and outcomes can be demonstrated; and/or

- b) there is emerging evidence of widespread variation in the efficacy of public health actions in the topic area, such that publication of formal guidance would make a significant difference to improving the effectiveness of public health programmes or interventions; and/or
- c) there is evidence and/or reason to believe that, in the absence of guidance, there is or will be:
 - i. inappropriate clinical practice, and/or
 - ii. inappropriate variation in clinical practice, and/or
 - iii. inappropriate variation in access to clinical interventions and/or treatment (between geographical areas or social groups).

(4) Would it be timely for NICE to provide guidance on the proposed topic? In particular,

- a) would the guidance still be relevant and timely at the expected date of publication, and/or
- b) for new clinical interventions, does the balance of advantage for patient care lie with appraisal at time of launch or at some specified future date, taking account of:
 - i. the possible impact on uptake or equity of access in the absence of guidance at time of launch
 - ii. surgical and related interventions, whether safety and efficacy have already been assessed (or will be assessed in the near future) by the Interventional Procedures Advisory Committee; and/or
- (c) is there a degree of urgency for guidance caused by factors other than those listed above, for example, is there significant public concern, is this a new disease, or is this emerging as an important new area for public health action?

Appendix B Abbreviations and glossary

Abbreviations

DH	Department of Health
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
PPIP	Patient and Public Involvement Programme (NICE)
ROG	Referral Oversight Group

Glossary

Clinical guideline

NICE guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

In confidence material

Information (for example, the findings of a research project) defined as 'confidential' as its public disclosure could have an impact on the commercial interests of a particular company or the academic interests of a research or professional organisation.

Consideration panels

Consideration panels form part of the process for determining which topics should be referred to NICE ('topic selection'). They comprise specialists in the topic area, generalists with a good understanding of the NHS or public health, and patient or carer representatives. Each panel is chaired by an expert in the topic area. The panels recommend topics to the Joint Planning Group (JPG). There are seven consideration panels.

Consultation

Professionals, patients and any other interested person or group can subscribe on the homepage of the NICE website to receive e-mail alerts in any clinical or public health area where NICE issues guidance. Everyone who registers is informed (by email only) when consultation begins and is able to submit comments via the NICE website or by post as that piece of guidance is being developed.

Filtering

Second half of the initial assessment stage of the NICE topic selection process. Topics are filtered or assessed according to health need, service impact and NICE's ability to add value.

Guidance

NICE produces guidance in three areas of health:

- public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

Interventional Procedure Advisory Committee

The independent committee responsible for advising NICE on the safety and efficacy of interventional procedures. Members include NHS health professionals and people who are familiar with the issues affecting patients and carers.

Referral Oversight Group

A Department of Health (DH) led group of senior representatives from the DH, NICE and the NHS. It is chaired by Sir Bruce Keogh (Clinical Director for the NHS) and provides Ministers with advice on the final list of topics proposed for NICE's work programme, taking into account both DH and NHS policy objectives.

Minded referral

A technology appraisal referral that Health Ministers are considering making to NICE, subject to consultation.

Multiple technology appraisal

NICE's multiple technology appraisal (MTA) process focuses on evaluating evidence to determine whether groups of drugs, devices or health technologies used to treat a disease are clinically and cost effective. It is typically used for a group of products, some of which may already be in use within the NHS.

Public health guidance

Guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sectors.

Public health intervention

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.

Public health programme

Public health programme guidance often involves a number of agencies. It can cover a range of policies, services and interventions. The suite of activities may be topic, setting or population-based – and may involve changes to organisational infrastructures.

Referral

Notification to NICE from Health Ministers that NICE is to produce guidance on a given topic.

Remit (NICE)

The aims and objectives of the Institute, as laid down in a statutory instrument by the UK Government.

<http://www.dh.gov.uk/PublicationsAndStatistics/Legislation/StatutoryInstruments>

Remit (topic suggestion)

Brief outline of the topic that will be covered by NICE guidance.

Selection criteria

DH criteria used to select topics for referral to NICE.

Single technology appraisal

A single technology appraisal evaluates the evidence to determine whether a single drug, device, diagnostic technique, surgical procedure or other therapeutic technology is clinically effective and cost effective. Typically, it is used for new pharmaceutical products close to launch.

Stakeholder

An organisation or group with an interest in the guideline or guidance under development. Stakeholders include national patient and carer groups and voluntary organisations, healthcare professional and academic organisations, and commercial organisations.

Topic selection

The process of selecting topics for NICE to issue guidance on.

Unconfirmed minutes of consideration panel meetings

Minutes of panel meetings which have been agreed by the panel chair but not yet confirmed by the panel itself. Unconfirmed minutes are confirmed or amended by the panel at its following meeting.

Wave

A set of referrals to NICE, incorporating the clinical, technology appraisal and public health guidance topics. These referrals are the end result of the topic selection process, involving consideration panel meetings, a ROG meeting and approval by Health Ministers.