

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**SPECIAL HEALTH AUTHORITY**

**PROGRESS REPORT ON NHS EVIDENCE**

The Board is asked to review the progress report.

Dr Gillian Leng  
Chief Operating Officer for NHS Evidence and Deputy Chief Executive

September 2009

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## **1 Introduction and key points**

Since the last report to the board in May 2009, the NHS Evidence portal has continued to develop and provide access to increasing sources of evidence-based information.

This report provides the Board with an overview of the deliverables set for 2009/10, with a summary of progress towards key project deliverables in Appendix 1.

The Board is also asked to approve the establishment of a Publications Executive, which will oversee the approval of accreditation reports and decisions from the NHS Evidence Advisory Committee. Finally, the board is asked to note initial development work to establish an Horizon Scanning Database to improve access to information on new drugs.

## **2 Overview of progress**

### **2.1 Developing the NHS Evidence search portal**

Development work on the second major release of NHS Evidence (R2) is well under way and on schedule to deliver a range of planned additional features. Key developments for R2 include the launch of NHS Evidence accredited sources, and 'personalisation' features such as the ability to save searches. It also includes additional functionality for users of the service as well a number of key operational support systems. A summary of R2 deliverables is provided in Appendix 2. Technical unit testing is scheduled to be undertaken from mid-September and full system testing early October.

The development themes for R2.1 (March 2010) and Release 3 (Summer 2010) are being reviewed by the NHS Evidence senior team in late September and will emerge in detail following the outcome of the wide range of reviews that are underway and due to be completed during September. At a high level, it is expected that the focus of R2.1 will be on features relating to the search function, including search features, performance and user experience. R3 will involve, amongst other user features, a major consolidation and integration of the legacy National Library for Health resources and technical infrastructure – this will be informed by the reviews being carried out now and by consultation with sponsors and stakeholders.

## 2.2 Developing guidance in electronic format

New electronic versions of all previously published NICE Technology Appraisals will be launched during August. This will make the documents easier to navigate on the NICE website, and ensure they are more readily and accurately retrieved through a search on NHS Evidence. Draft templates for NICE guidelines have been completed and are undergoing testing, after which the conversion of guidelines can take place.

The programme is delivering broadly on schedule, with some delays to progress experienced earlier this year due to staff resource and technical issues. These issues have now been resolved and a new structure for delivering the programme within NHS Evidence has been agreed by the Programme Board and is being implemented.

## 2.3 Developing taxonomies

A taxonomy and metadata strategy for NHS Evidence has been developed, and work on the implementation of the strategy is underway. The appropriate members of the NICE Information Services and E-media teams have been consulted on the strategy, as integration with NICE taxonomy and metadata work is a key priority for this area of work.

## 2.4 Increasing access to content and sources

### Sources of information for NHS Evidence

The team has started work on a Collection Development Strategy that will determine, for the future, a routine approach to identifying, prioritising and ingesting new sources of evidence. The process includes a monthly approval and ingestion cycle. A database has been created to track the progress of new sources.

In August, four new sources were ingested into the search, including clinical evidence summaries and guidelines from the National Travel Health Network and Centre, plus a range of products from the Meningitis Research Foundation, Migraine in Primary Care and the Association of the British Pharmaceutical Industry. For September, thirteen sources of content are being reviewed relating to the social care, commissioning and a range of clinical areas. These sources of content include evidence summaries, drug information, reviews and patient information.

Significant work is underway to map the existing sources of content against the relevant areas of interest for NHS Evidence. This will determine the approach to identifying future sources of information, and potentially to identify areas where future content may need to be commissioned.

## Commissioned content

The SchINN business plan for 2009/10 has been approved – this relates to the development of the Clinical Knowledge Summaries largely in topics relevant to primary care. This is now the final year of this contract, and options for the future are being considered. All relevant contracts relating to the British National Formulary have now been novated from the Department of Health to NICE. As a result, a gap was identified between the funding levels expected from the DH and the funding actually received. Options for reducing costs in this financial year, without impacting on the quality or numbers of the BNF produced, are therefore being discussed with the BNF team. A vision for the BNF in the future, with options, is currently being developed, and this will be shared with the board at a future meeting.

## 2.5 Specialist Collection activity

### Evidence Updates

Ten evidence updates have been delivered as planned on the following topics:

- Diabetic retinopathy
- Headache;
- Hip fracture
- Heavy menstrual bleeding
- Atrial fibrillation
- Drugs misuse
- Age-related macular degeneration
- Oesophago-gastric cancers
- Health needs of people with learning disabilities
- Osteoporosis.

The scope of the Evidence Updates, the methodology used and the topics covered are being reviewed as part of the Specialist collection review (see below). Significant new evidence from Updates that has the potential to impact on current practice is routinely highlighted in the Eyes on Evidence Bulletin.

### Specialist Collection review

A review of the Specialist Collections commenced in May to consider a number of aspects of the Collections, including their role, the approaches used, and ensuring the model of operation is fit for the future. A final report will be brought to the NICE board in November. At its last meeting, the project board reviewed feedback from the Collections and agreed some high level roles and responsibilities for the future (Appendix 3).

## 2.6 Accrediting sources of information

The draft accreditation manual was issued for a three month public consultation period from 1 February to 1 May 2009. Fifty seven stakeholders submitted a total of 425 comments, which have now been reviewed and draft responses developed. Proposed changes have been discussed with the Accreditation Advisory Committee, and the Committee will be asked to consider and approve the finalised manual at its next meeting in September. If approved, the manual will be submitted to the NICE Board meeting in November. Comments and responses to public consultation will be published on the NHS Evidence website at the same time as the updated process manual. Ten applications were received for accreditation during the past three months, including one application from the MHRA that was split into three separate applications to reflect three different processes. Draft accreditation decisions on the first three organisations that have been considered went out to public consultation over the summer. The outcome of this process will be reflected on the NHS Evidence portal in October. Legal documents are being drafted to define how the accreditation symbol should be used and displayed by the accredited sources.

## 2.7 Communication and engagement activities

From July onwards the newly established communications team has been working on a programme of promotional, awareness raising activities. These activities will continue to be expanded upon and developed.

- **Interviews** - interviews have been set up with IT magazine e-health insider, GP magazine (July), Scrip and National Health Executive (to take place in September/October).
- **Trade magazines** - coverage achieved in the Royal College of Midwives magazine (August/September edition), Primary Care Women's Health Journal (August edition) and E-Gov Monitor (August)
- **Department of Health publications** - a short overview of NHS Evidence is featured in the latest issues of the following DH publications: Chief Nursing Officer's (CNO) bulletin, GP and Practice Team bulletin, Chief Science Officer's (CSO) bulletin. Information on NHS Evidence will go into the next issue of the Social Care bulletin.
- **Newsletters from professional bodies** - a short overview of NHS Evidence will appear in the next newsletters from the Social Care Institute for Excellence (SCIE), Royal College of GPs, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health RCOG, the Faculty of Public Health and the British Pain Society. Information on NHS Evidence is also in the latest bulletin from the National Prescribing Centre.

- **Student publications** - an overview of NHS Evidence will appear in the next newsletter from the British Pharmaceutical Student Association. An interview with a pharmacist lecturer is going to be submitted to the autumn publication – this will focus on the benefits of student pharmacists using NHS Evidence and how it will help them when they qualify.
- **Advertorials** - A profile on NHS Evidence will appear in a supplement to celebrate the 50<sup>th</sup> edition of Nursing in Practice. This supplement will appear in the Sept/Oct edition of the magazine (reaching 12,500 primary care nurses) and will be distributed at the Nursing in Practice London event in September. An advert and link through to the NHS Evidence website will be placed on the HSJ and Nursing Times homepages for a three month period from September.
- **Conferences and Meetings** - NHS Evidence will have a stand a range of conferences and events during the autumn, and will also be presenting at the RCGP Conference and the Guidelines International Network Annual Conference in Lisbon on the launch of NHS Evidence and a lecture on the NHS Evidence accreditation process. We will also be running an NHS Evidence event for Chief Knowledge Officers in Manchester the day before the NICE Conference commences at the beginning of December.
- **Eyes on Evidence Bulletin** – By September 2009 the fifth issue of the NHS Evidence bulletin, Eyes on Evidence, will have been published.

## 2.8 Progress with reviewing functions relating to the NLH

There are 12 ongoing reviews of former NLH activities. All of these are on target in terms of their planned reporting timelines. The reviews cover a wide range of areas and the outcomes will be considered together to inform business planning for 2010 -11.

## 2.9 Feedback summary

Over the summer, the number of search queries being performed per month on the NHS Evidence portal averaged at around 800,000. The ten most popular search terms entered are listed in Table 1 below.

**Table 1: Ten most popular search terms**

Search Term	Number of Searches
Swine flu	895
Diabetes	733
Asthma	544
COPD	474
Hypertension	378
Depression	368
Osteoporosis	345
Stroke	321
Obesity	317
Epilepsy	295

Not all visitors to the site are from The UK. Table 2, below, shows the proportion of visitors by country.

**Table 2 Visitors to NHS Evidence by country**

<i>Country</i>	<i>Percentage total visits</i>
United Kingdom	80%
North America	7%
Australia & New Zealand	2%
India	1%
Other Countries	10%

User feedback from a range of sources is now being collated systematically. Feedback themes are monitored closely and internal mechanisms have been put in place to ensure that user feedback is taken into account when considering future developments of the NHS Evidence Service. The establishment of a user research and feedback team within NHS Evidence will ensure the development of feedback methods which will include surveys, questionnaires and focus groups with key audiences to help identify development themes and service improvements.

### **3 Other issues**

TITLE: PROGRESS REPORT ON NHS EVIDENCE  
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### 3.1 Publications Executive

At a recent meeting of the NICE Guidance Executive, it was proposed that a separate body be established for formal approval of products from NHS Evidence. The rationale related largely to the additional volume of work that NHS Evidence would add to the Guidance Executive, and partly because of the occasional need to have a separate, independent process for final review of accreditation reports that might directly relate to NICE.

Appendix 4 shows the draft terms of reference and standing orders for a body that would act in parallel to the NICE GE, termed a Publications Executive. As the PE will approve products for publication from a standing Advisory Committee, the PE requires a formal status that enables it to act on behalf of the board. The attached documents therefore mirror the standing orders and terms of reference for the NICE GE. In addition to accreditation reports, the PE will also provide a final pre-publication review for other products produced within NHS Evidence.

### 3.2 Horizon Scanning Database

#### Background

As part of the NHS Next Stage Review<sup>1</sup> and the Pharmaceutical Pricing Regulation Scheme agreement, the Department of Health (DH) and the Association of the British Pharmaceutical Industry (ABPI) committed to building a horizon scanning database for medicines for all horizon scanning organisations in England and, in principle, Scotland, Wales and Northern Ireland.

NICE has been asked to develop and manage the database on behalf of the Department of Health and the ABPI. It has been agreed that the NHS Evidence team is best placed to take this work forward within NICE, because it contains the required technical expertise to support building and maintaining the database, and the ability to make agreed high level data available via the NHS Evidence portal. This model also enables some separation of NICE holding a development role for the database, with that of NICE as a client for the database content.

#### Key principles of a common horizon scanning database

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[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)

The key principle of the database is that it should be comprehensive, timely, accurate and technically robust, with data readily accessible to key clients, but incorporating security safeguards to ensure appropriately controlled access.

In addition to providing data to horizon scanning organisations, it is intended that some high level data will also be made available to the relevant elements of the NHS to further enhance local planning processes.

The core potential uses of the database will include:

- Providing timely, factual information to horizon scanning groups
- Supporting NICE topic selection
- Assisting HTA programmes in the identification of topics for further research
- Providing information to the NHS for pre-launch planning
- Supporting commissioning
- Inform (in England) the Payment by Results tariff

#### Users

Users are those who require access to the database to input data (manufacturers) and those that require read access (horizon scanning groups and, potentially, relevant elements of the NHS).

- Manufacturers

The responsibility for providing the data to be held on the database rests with manufacturers. They will be asked to enter the required data, in a timely manner, on products that they are bringing to market and to update this entry throughout the development cycle of the medicine. Access for this group of users will be restricted to information only on their own drugs – they will be unable to access the information of other manufacturers.

- Key client groups

Key groups, as agreed through an SLA (with associated funding), will have direct access to information on the database. This is likely to include the horizon scanning organisations such as NICE, the Scottish Medicines Consortium and the National Horizon Scanning Centre. These will all require direct access to the database and the option to download the data they require.

- NHS

Agreed high level data on new drugs will be accessible to the NHS via the NHS Evidence portal.

**Next steps**

The Department of Health has provided NICE with funding for the initial phase of work, anticipated to take 3 months. Most of the funding will be required to support two interim posts: a technical business architect/analyst and a project manager. Funding will also cover the development of a ‘proof of concept’- two related pieces of work: technical testing to ensure, for example, that links with data feeds will work, and that the levels of data security are robust; and to provide some mock-up screen shots of the product (sign on applications, the browser etc).

The activity and outputs of the initial 3 months work are outlined in the table below. By the end of this period we will have clarity on NICE’s role in supporting and developing the Horizon Scanning Database, and detailed costing and resource requirements to put the database in place and to maintain it.

<b>Activity</b>	<b>Output</b>
Stakeholder and user engagement – internal and external user requirements capture	<ul style="list-style-type: none"> <li>• Business requirements</li> <li>• Operational process mapping</li> <li>• Training / support requirements</li> </ul>
Business Case and benefits realisation – internal sponsor engagement / consultation	<ul style="list-style-type: none"> <li>• Outline business case</li> <li>• Benefits realisation plan</li> </ul>
Technical appraisal/ scoping – internal consultation, market scanning, internal provision assessment, options appraisal	<ul style="list-style-type: none"> <li>• Functional specification</li> <li>• Use cases</li> <li>• Technical Requirements</li> <li>• Operational / business requirements</li> <li>• Options Appraisal</li> </ul>
Project structure and delivery planning	<ul style="list-style-type: none"> <li>• Implementation Plan</li> <li>• Risk Register</li> <li>• Governance plan</li> </ul>
Commercial/ financial scoping	<ul style="list-style-type: none"> <li>• Project implementation budget and operations projections</li> </ul>

## 4 Risks

A detailed risk register, issues log and assumptions register is being maintained within the programme. The following table indicates the status of risks identified as medium and high in relation to potential impact on future releases and business as usual.

Objectives	Principal risks	Impact	Likelihood	Grade
Establish and develop systems, staff and governance arrangements to support future development of NHS Evidence	The road map for NHS Evidence is not mapped out and as a result decisions about the structure, systems, etc. being developed now may need to be re-worked / re-visited, which will have impact in all areas of the business.	4	2	M
Promote the service and associated quality remit to key users and stakeholder groups	Lack of awareness about the role of NHS Evidence.	4	2	M
Integrate the NHS Evidence search bar into relevant external IT systems to provide ready access to users	Third parties may be reluctant to agree to having the NHS Evidence search bar into their systems and may perceive it to be 'another search' bar to NHS Choices, etc. It may be perceived to be a poor strategy unless there is an overarching strategy for NHS as a whole.	3	3	M
Ensure successful transition and integration of relevant NLH services, applications and infrastructure with the new NHS Evidence service	All explicit and implicit contracts with third parties and their interdependencies are not fully captured and understood. This may lead to potential breaks in services and stress on relationships with existing stakeholders, as well as potential for additional cost/ resource requirements that are not currently factored into the budget.	3	2	M

Dr Gillian Leng  
Chief Operating Officer for NHS Evidence and Deputy Chief Executive

September 2009

## Appendix 1: Key developmental deliverables

<i>Deliverable</i>	<i>Date</i>	<i>Status</i>
<b>Release 1.0 NHS Evidence portal</b>	30 <sup>th</sup> April 2009	Complete
<b>Release 1.1 NHS Evidence portal</b>	June 2009	Complete
<b>Accreditation process launched</b>	June 2009	Complete
<b>Review of Health Databases Advanced Search complete</b>	June 2009	Interim report Complete
<b>Taxonomy strategy delivered</b>	June 2009	Complete
<b>BNFC 2009 issued</b>	July 2009	Complete
<b>Map of sources of information for 2010/11 complete</b>	September 2009	On Track
<b>Review of library.nhs.uk website complete</b>	September 2009	On Track
<b>Review of National Library of Guidelines complete</b>	September 2009	On Track
<b>System in place for logging and assessing local tools, models, etc.</b>	September 2009	On Track
<b>Release 2.0 NHS Evidence portal</b>	October 2009	On Track
<b>BNF 58 issued</b>	October 2009	On Track
<b>Review of Specialist Collections complete</b>	October 2009	On Track
<b>NPF 2009 – 2011</b>	October 2009	On Track
<b>Specialist Collections process manual complete</b>	October 2009	On Track

<b>Event hosted for Chief Knowledge Officers across the NHS</b>	November 2009	On Track
<b>Feeds generated for enhanced services</b>	December 2009	On Track
<b>First ten organisations through the accreditation process</b>	December 2009	On Track
<b>NHS Evidence search bar available through Connecting for Health systems, as a minimum replacing NLH</b>	December 2009	On Track
<b>Recommendations for taxonomy for 'internal' audiences</b>	December 2009	On Track
<b>Review of Athens complete</b>	December 2009	On Track
<b>Review of Business Intelligence Project complete</b>	December 2009	On Track
<b>Review of Current Awareness Service Models complete</b>	December 2009	On Track
<b>Review of NeLM and Image Resources complete</b>	December 2009	On Track
<b>Release 2.1 NHS Evidence portal</b>	March 2010	On Track

## Appendix 2: Key features of Release 2

The key developments for R2 include:

### For users

- The launch of 'Personalisation' features that allow users to register with NHS Evidence online to be able to create a personalised home page that includes their preferences for;
  - 'Saved searches'
  - 'Alerts' - based on saved searches
  - Subscribing for NHS Evidence news and topic feeds
  - Creating and editing their personal profile;
- Enhanced search features to improve user experience:
  - Synonym expansion – to focus on the common misspellings and zero returns for queries received during first three months operation
  - 'Search for sources' feature whereby for selected simple appropriate search terms the relevant Specialist Collection will be promoted as an opportunity to browse the topic;
- 'Rate results' – a new feature to capture direct feedback from users at the point of using the service;

### For NHS Evidence operations

- Content Management System (CMS) is being introduced to enable relevant teams to manage and update static content on the NHS Evidence portal;
- The launch of the accreditation scheme will be supported by additional content and online forms – enabled by the new CMS;
- Management Information System will be deployed on or soon after R2 to enable user and performance statistics across the domain (including legacy NLH reporting) to be managed within a single database and reporting system;
- Automated source updating will be enabled to ensure that external sources content viewed via NHS Evidence portal is current – refreshing sources is currently undertaken manually.

### **Appendix 3: Future roles of the NHS Evidence Specialist Collections**

At its meeting on 26<sup>th</sup> August 2009, the project board for the Specialist Collections review agreed the following high level definitions of the role of the Collections. This was developed following feedback from users, stakeholders and specialist collections.

The roles of the Specialist Collections are to:

#### **Identify and organise relevant, up to date, high quality information across an agreed specialty area**

The Collections review new information on at least a weekly basis in an agreed specialist areas, focussing on identifying the most high quality evidence-based publications. The types of information identified will vary depending on the area of interest, but where appropriate will be assessed using standard criteria. Significant new evidence identified by the Collections forms the basis of an alerting system of key user groups. This high quality information is accessible through a browse function on NHS Evidence, through a personalised home page, and via the search portal.

*[Detail of this process will be described in a content development strategy]*

#### **Engage and communicate with relevant users and stakeholders in their specialty areas at a national and local level**

Specialist Collections convene an annual meeting of key national stakeholder groups in agreed speciality areas to communicate key developments and to receive feedback and recommendations for future developments. They also work with established groups and networks in their specialty area, and attend at least two key relevant national events to promote Evidence Updates and other work of Specialist Collections and NHS Evidence. Where possible, they contribute to a key journal in the relevant speciality area on a regular basis to highlight new evidence.

*[Detail will be covered in the Specialist Collections Communications plan]*

#### **Produce regular evidence updates in agreed topic areas**

Evidence Updates provide an overview of new information in a given topic area. Usually this covers a twelve month period, but in some circumstances where evidence is rapidly changing, Updates may be conducted more frequently. In particular, Evidence Updates highlight any new evidence that might challenge current practice, as described in the most recent, accredited national guidance, and provide a commentary on the likely impact. The Updates also provide a list of relevant national policy, guidelines and systematic reviews, and other significant primary research in the area of interest.

*[The methods of production will be reviewed and described in an Evidence update methodology guide]*

**Identify and organise known uncertainties across an agreed specialty area**

Each clinical Collection contributes to the UK DUETs (Database of Uncertainties about the Effects of treatments) by assessing relevant new guideline publications and systematic reviews in their area of interest to identify potential research recommendations/uncertainties. Many of these uncertainties are identified during the process of developing an Evidence Update, but Collections also provide an annual check of ongoing research to determine whether existing uncertainties are being addressed. Information held in UK DUETs can be accessed through NHS Evidence and NHS Choices.

*[Detail will be described in a DUETs process manual]*

## APPENDIX 4

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE  
NHS EVIDENCE****Publication Executive Standing Orders and Terms of  
Reference****Standing Orders****1. General**

- 1.1. These standing orders (“the SOs”) describe the procedural rules for managing the work of the NHS Evidence Publication Executive as agreed by the Institute. Nothing of these standing orders shall limit compliance with the Institute’s Standing Orders so far as they are applicable to this Committee.
- 1.2. The NHS Evidence Publication Executive will consist of the Chief Operating Officer and Programme Directors of NHS Evidence, plus the Associate Director for Communications.

**2. Interpretation**

- 2.1. During the course of the meeting, the chair of the Publication Executive shall be the final authority on the interpretation of SOs on which s/he may be advised by the Institute.

**3. Chair of the Guidance Executive**

- 3.1. The chair of the Publication Executive is the Chief Operating Officer for NHS Evidence and in his/her absence the meetings will be conducted by an appointed deputy.
- 3.2. The chair, or vice chair in the chair's absence, may take action on behalf of the Publication Executive outside of the scheduled cycle of meetings when urgent decisions are required and it is impracticable to convene a special meeting of the Publication Executive.

**4. Voting**

- 4.1. The decisions of the Publication Executive will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.
- 4.2. Voting will be by a show of hands and decisions determined by a simple majority of those members present at a quorate meeting.

- 4.3. The chair of the meeting will be included in the vote and in the event of there being an equality of votes the chair will have a second, casting vote.

## **5. Quorum**

- 5.1. The quorum is two members of the Publication Executive who are programme directors or the Chief Operating Officer.
- 5.2. No business relating to approving documents for publication should be transacted unless the meeting is quorate. If a member is excluded due to a conflict of interest and membership falls below the quorum, no business may be transacted.

## **6. Collective responsibility**

- 6.1. All members of the Publication Executive shall abide by the principle of collective responsibility, stand by the recommendations of the Publication Executive and not speak against them in public.

## **7. Confidentiality**

- 7.1. Publication Executive members are bound by Institute policies agreed by the Board of the Institute relating to any information designated confidential by the Institute such as commercial in confidence material or sensitive personal data.

## **8. Arrangements for meetings**

- 8.1. The Publication Executive will meet weekly and the Institute shall determine what matters shall appear on every agenda in advance of each Publication Executive meeting.
- 8.2. No other business shall be discussed at the meeting save at the discretion of the chair.

## **9. Minutes**

- 9.1. The minutes of the Publication Executive proceedings shall be drawn up and submitted to the next meeting for approval.
- 9.2. Approved minutes will be published on the Institute's website when the documents to which they refer is published in accordance with the Institute's Publication Scheme subject to the redaction of any confidential or otherwise exempt material.

**9 Suspension of standing orders**

- 9.3. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting providing a simple majority of those present and eligible to participate vote in favour of the suspension.
- 9.4. Any decision to suspend standing orders shall be recorded in the minutes of the meeting.
- 9.5. No formal business may be transacted while standing orders are suspended.
- 9.6. The Institute's Audit Committee shall review all decisions to suspend standing orders.

**10. Terms of reference**

- 10.1. Publication Executive members must comply with it's terms of reference which set out the scope of the Publication Executive's work and its authority.

**11. Review of standing orders**

- 11.1. These standing orders will be reviewed annually.

Date: September 2009

Review date: August 2011

## Terms of Reference

### 1. Terms of reference

- 1.1. The Publication Executive (“PE”) is responsible for approving the NHS Evidence accreditation reports prior to publication.
- 1.2. Documents reviewed prior to publication include, but are not limited to:
  - Accreditation reports – final documents and drafts prior to consultation
  - Other outputs from the Advisory Committee.
  - Eyes on Evidence – to approve the evidence reviews
  - Prioritised lists of new sources for the NHS Evidence portal, by area of interest
  - Static content for the NHS Evidence site
- 1.3. The PE has exclusive authority to approve documents or advise for publication subject to the Board reserving to itself the responsibility for approving a specific document.
- 1.4. The PE does not formulate accreditation documents for approval and publication but instead receives documents from the NHS Evidence Advisory Committee established by the Board.
- 1.5. The PE will use the following criteria to assess whether a document is suitable for publication:
  - whether or not the process (subject to any approved variations) and methodology have been followed;
  - whether or not the document follows the agreed template;
  - whether or not the document is presented cogently;
- 1.6. The PE will be guided in its decision by a report from the relevant Associate Director who will either:
  - Recommend the document for approval to proceed to the next stage in the development process or for publication; or
  - Seek the advice of the PE on one or more matters, the resolution of which is required in order for the document to proceed to the next stage or to publication.
- 1.7. Following completion of its assessment the PE may:

- approve the document for publication;
- refer it back via the Programme Director/Associate Director to its authors with specific queries;

## **2. Membership**

- 2.1. The membership will consist of Chief Operating Officer, Programme Directors and the Associate Director for Communications, plus one other member of the NICE Senior Management Team.

## **3. Meeting Frequency**

- 3.1. The PE will meet on a weekly basis.