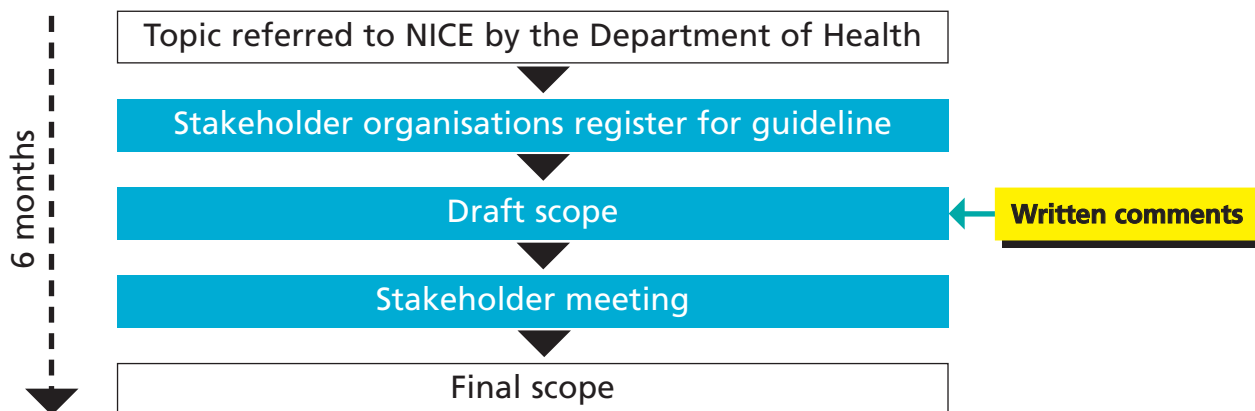


A guide for patients and carers

Contributing to a NICE clinical guideline

Summary of the guideline development process

Scope



Development and consultation



- Key:
- Blue box: Patient and carer organisations involved
 - Red box: Individual patients and carers involved
 - Purple box: Both organisations and individuals involved

See glossary on page 33
for an explanation of terms

Contributing to a NICE clinical guideline: a guide for patients and carers

Issue date September 2006

About NICE guidance

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health, and the prevention and treatment of ill health. It produces different types of guidance including:

- **clinical guidelines** (recommendations about the treatment and care of patients with specific conditions in the NHS)
- **technology appraisal guidance** and **interventional procedures guidance** (guidance on the use of new and existing medicines, treatments and procedures in the NHS)
- **public health guidance** (guidance on the promotion of good health and the prevention of ill health).

Ordering information

This booklet is available from the NICE website (www.nice.org.uk/guidelinecontribute). Printed copies can be ordered by telephoning the NHS Response Line on 0870 1555 455 and quoting reference N1114.

A more detailed booklet on the guideline development process, 'The guideline development process: an overview for stakeholders, the public and the NHS', is also available from the NICE website (www.nice.org.uk/guidelinesprocess). Printed copies can be ordered by telephoning the NHS Response Line on 0870 1555 455 and quoting reference N1113.

About this guide

This guide shows you how you can contribute to the development of a **clinical guideline**. It takes you through the process from start to finish, and shows how both individuals and organisations can take part.

The fold-out page shows a flowchart of the key events. We suggest you keep the page open when you are reading so that you can refer to the chart.

The chart highlights the key ways in which organisations and individuals can participate.

What do we mean by 'patients' and 'carers'?

We have used the terms 'patients' and 'carers' in this guide to cover all groups of lay people (people who are not healthcare professionals) who contribute to NICE's guidelines work. This includes people who have the condition or disability, and people such as family and friends who provide unpaid care for them, as well as organisations representing patients and carers, and voluntary sector or non-governmental organisations. We recognise that readers may use other terms such as 'consumer', 'service user', 'user representative' or 'patient representative'.

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Getting started

What is the purpose of this guide?

This guide aims to:

- help organisations representing the interests of patients and carers take part in the development of a NICE **clinical guideline**
- help people bringing a patient or carer perspective to a **guideline development group** to understand their role.

This introductory section gives a brief summary of the **guideline development process**. The following sections (page 11 onwards) guide you through the process with a brief description of each stage and the actions you can take.

The glossary at the end of this guide explains the words and terms in **bold** typeface.

Why has NICE invited you to take part?

NICE believes it is very important to involve patients and carers in the process of making decisions about their healthcare. Patients and carers can help those responsible for developing a **clinical guideline** understand what it is like to live with a medical condition or disability, and what different forms of treatment and care mean for them. For instance, we want to know about:

- the practical, physical and emotional aspects of living with, or supporting someone, with a particular medical condition, and how they relate to its treatments
- what patients want from their treatment and care
- how acceptable different treatments and care plans are to patients and carers
- patients' preferences, if different treatments are available
- whether different groups of patients have different views or needs (for example, in relation to age, ethnicity, gender, disability)
- condition-specific information and support needs, for patients (and carers, where relevant).

What is a clinical guideline?

A clinical guideline advises healthcare professionals about the treatment and care of people with a particular condition. A good guideline is written by following an established process, and using best research evidence. Where evidence is lacking, advice is based on the views of the **guideline development group** and other experts. In some cases, the guideline's developers may conclude that there is not enough evidence to decide if a treatment is useful or not.

How are the topics for NICE clinical guidelines selected?

The topics for guidelines produced by NICE are chosen by the Department of Health. However, anyone can suggest topics for them to consider referring to NICE. To suggest a topic you can visit the NICE website (www.nice.org.uk), go to the 'Get involved' section and complete the online form.

Who develops the guideline?

For each guideline topic, NICE commissions one of its seven partner **national collaborating centres** to convene a guideline development group. Each of these centres tends to work on a particular type of topic, such as mental health, long-term conditions, or women's and children's health.

The guideline development group is made up of **healthcare professionals**, researchers, and patients and carers. The healthcare professionals, patients and carers have specific knowledge of the topic, while the researchers offer specialist skills such as **literature searching, systematic reviewing, critical appraisal** and **health economics**.

The group meets regularly, and assesses the research evidence on the condition the guideline is covering. The group then produces a draft guideline that makes recommendations about how people with the condition should be treated and cared for, and describes the evidence behind the recommendations.

Recommendations in clinical guidelines are based on an assessment of how well different types of treatment and care work. NICE guidance takes into account **clinical effectiveness** (how well something works) and **cost effectiveness** (how well something works in relation to how much it costs).

The draft guideline is then published for consultation with **stakeholders**. After the consultation, the guideline development group has its final meetings to discuss the comments received, and make revisions to the guideline.

NICE and the national collaborating centre then publish a series of documents to tell healthcare professionals and patients what the guideline has recommended.

Support for patients and carers

NICE has a team called the **Patient and Public Involvement Programme (PPIP)**, which offers advice and support to patient and carer organisations and individuals taking part in NICE's work. The Patient and Public Involvement Programme can provide:

- advice on the guideline development process and opportunities for involvement
- information and support at each stage of the guideline development process
- training for patient and carer members of guideline development groups.

You can contact us by post, telephone or email.

Patient and Public Involvement Programme
National Institute for Health and Clinical Excellence
MidCity Place
71 High Holborn
London WC1V 6NA

020 7067 5800

Email: ppip@nice.org.uk
or patientandpublicinvolvement@nice.org.uk



Your contact details

Please keep us up to date with any changes in your contact details.

How patient and carer organisations can contribute – the stakeholder process

Twice a year, the Department of Health gives NICE a list of new **clinical guideline** topics to work on.

When NICE receives this list of topics, we contact all the organisations that have been **stakeholders** on previous clinical guidelines, inviting them to register an interest in any new topics relevant to them. We also contact organisations that might have an interest but have not been involved with NICE before. Any organisation with an interest is welcome to register as a stakeholder – you do not have to be approached by NICE first (see box on page 12).

What is involved in being registered as a stakeholder?

Commercial, NHS and voluntary organisations can register as stakeholders, as can organisations representing healthcare professionals, patients or carers. Patient and carer organisations eligible to register will normally be national organisations. Occasionally regional or local organisations may be stakeholders, if there is no national organisation representing a particular specialist interest or group of people.



Being a registered stakeholder helps you keep in touch with a guideline's progress, and get involved

Being registered as a stakeholder does not commit you to anything, but ensures that you will be informed about the different stages of the **guideline development process** described in this booklet. Being registered does not mean that you have to endorse the final guideline, and does not affect your independence in any way.

Organisations can register an interest in a specific guideline at any time while the guideline is being developed. You can find a registration form on the NICE website: www.nice.org.uk

The scope

NICE and the team at the **national collaborating centre** produce a draft **scope** based on the brief description of the topic from the Department of Health. The scope sets out what the clinical guideline will and will not cover. It should cover the most important areas for the topic, but should not be too broad, because this might make a guideline too long and not possible to produce with available time and resources.

Making written comments on the draft scope

This is one of the most important stages of the process.

It is very important that patient and carer organisations contribute to the development of the scope, adding their perspective to those of healthcare professionals, **commercial organisations** and others.

As a stakeholder organisation, you will be sent an email message with links to the draft scope on the NICE website, and information about the deadline for comments (4 weeks is normally allowed). To make sure that all stakeholders are treated fairly and so it can be seen that the process has been followed properly, NICE can only consider comments made within the deadline, and sent in on the form provided.

If you have any questions about this process, or about commenting on the draft scope, please contact the **Patient and Public Involvement Programme (PPIP)**.

What to look for in the draft scope

- Does the scope take account of issues relating to treatment and care that are important for patients with the condition?
- Does the scope mention medicines and other treatments that patients and carers think may be important? These may include advice and help with changes in a person's lifestyle that could improve symptoms and even avoid the need for medicines. You may also want the scope to include treatments that are in current use but may not be considered by patients to be effective, acceptable or tolerable.
- Are there any groups of patients who might need particular consideration?
- Does the scope unfairly exclude any groups of patients (for instance by age or their general health)?
- If relevant, does the scope take account of patients' and carers' information and support needs, specific to the condition?
- Is the wording of the scope sympathetic to patients and carers?

The stakeholder meeting

NICE will invite your organisation to attend a meeting of the stakeholders during the consultation period on the draft scope. We encourage you to send up to two people from your organisation to the meeting (including, if possible, at least one person who can speak specifically from a patient and carer perspective). The meeting provides an opportunity to become familiar with the guideline development process, and with the thinking around the development of the guideline in question.

The stakeholder meeting also gives an opportunity for detailed discussion about the draft scope and to share your views. But to ensure your organisation's views are fully considered, it is important to make sure you send in written comments as well.

If you are sending people to the meeting, please:

- reply to the invitation with the names of the people representing your organisation
- contact the PPIP if you would like any information about this stage of the process.

Finalising the scope

After the stakeholder meeting and the deadline for written comments on the scope consultation, the national collaborating centre and NICE work together to produce the final scope, which is then published on the NICE website. The national collaborating centre responds to all written comments from stakeholder organisations, and both comments and responses are also published on the website.

It is unusual for changes to be made to the scope after this process is completed.



Please send
NICE your
written
comments on the
draft scope by
the deadline

Nominating patient and carer members for the guideline development group (GDG)

Each **clinical guideline** has a dedicated **guideline development group**, which includes at least two (and sometimes more) people bringing the perspectives of patients and carers. During the scope consultation process, the **PPIP** contacts the patient and carer stakeholder organisations inviting them to submit nominations. This invitation is also published on the NICE website, where anyone with an interest can submit an application.

At this stage, please:

- let the PPIP know if you are considering nominating anyone – it is important to have a strong list of potential patient and carer GDG members
- make sure we have your organisation’s latest contact details
- forward our message, or information about the process, to others who might be interested
- ask us for electronic or paper copies of the nomination documents if you do not have them
- contact us for advice on what is involved
- and, finally, make one or more nominations by the closing date.

For further details about what patient and carer members of guideline development groups do, the skills and qualities needed and how people are selected, see pages 21–27.



You can
nominate
more than
one person

Submitting lists of research evidence

After carrying out **literature searches** for the guideline, the national collaborating centre may identify gaps in the evidence for specific topics that the guideline will cover. They will invite registered stakeholders to tell them about additional research **evidence** that they know about on these topics.

For patient and carer organisations, this could include information on the impact of the condition on people's lives, the views of patients or carers about their care and treatment, or the difference a particular type of care or treatment might make. This might come from, for example, any well designed studies you have done that provide information on patients' or carers' views.

Stakeholders should not send research papers or reports at this stage. All that is needed is a reference to the research or survey, and a brief description of what it shows.

Early in the guideline development process, you may want to prepare for such a request from the national collaborating centre. At this stage, please:

- think about evidence you know about that might be missed in a literature search of published work in the clinical and scientific journals
- if you are invited to do so, send references for this evidence to the national collaborating centre on the appropriate form.

Commenting on the draft guidelines

The national collaborating centre takes 12–18 months to produce a draft guideline. This includes draft recommendations developed by the guideline development group and explanations of how the developers have interpreted the evidence to make those recommendations. Stakeholders are then invited to comment on the guideline during the **consultation** phase.

NICE will tell stakeholder organisations well in advance about the consultation dates. Shortly before the consultation starts, you will be sent an email message with links to the draft guidelines, and information about the deadline for comments. The consultation period is normally 8 weeks.

To make sure that all stakeholders are treated fairly and so it can be seen that the process has been followed properly, NICE can only consider comments made within the deadline, and sent in on the form provided.

You can request paper copies of the consultation documents from NICE by contacting the individual guideline's Coordinator (contact details are on the guideline's page on the NICE website).

If you have any questions about the consultation process, or about commenting on the draft guidelines, please contact the PPIP.



Your organisation can comment on the guideline even if someone you nominated is a member of the guideline development group

The consultation

NICE publishes two versions of the draft guideline for consultation:

- the full guideline, which contains the guideline recommendations, details of how they were developed, and information about the evidence on which they were based
- a short version (called the NICE guideline), which just lists the recommendations.

NICE prefers stakeholders to comment on the full guideline because this explains how recommendations have been arrived at. However, you can comment on the short version if you don't have time to study the full guideline.

This is your only opportunity to comment on the content and presentation of the proposed guideline. It is important that the views of patients and carers are heard at this stage, especially if your organisation has concerns about any of the draft recommendations.



NICE will post all stakeholder comments on its website and the responses from the guideline developers, when the guideline is published

After the consultation

The guideline developers respond to all comments from stakeholders. Taking account of these and of other comments made by **independent peer reviewers**, they then make amendments to the draft guideline and agree a final version of the recommendations with NICE.

A group called the **guideline review panel** then assesses whether or not the stakeholders' comments have been taken into account fairly, and raises any concerns about implementing the recommendations.

What to look for in the draft guideline

- Does the guideline make recommendations about all the issues from the scope that patients and carers consider important?
- Do the guideline recommendations reflect what the evidence says about treatment and care?
- Is there important evidence that you know about that the guideline developers have not taken into account?
- Do you agree with the recommendations? (If not, please explain.)
- Does the guideline recommend treatments and care that patients and carers consider acceptable? Your comments could take into account, for example, the benefits and disadvantages (including side effects) of medicines and other treatments.
- Do the recommendations clearly show the need to take into account patients' preferences, for example where the evidence suggests that two treatments may be equally effective?
- If relevant, do the recommendations take account of patients and carers' information and support needs, specific to the condition?
- Where appropriate, do the recommendations consider the specific needs of different groups of patients (for example, children or young people, people from specific ethnic or cultural groups)?
- Do you agree with the choice of recommendations that have been selected as **priorities for implementation**?
- Are the recommendations clear and unambiguous? Is the wording respectful to patients and carers? Does the wording reflect the importance of partnership between healthcare professionals and patients?
- Does the choice of priority research recommendations cover gaps in the evidence about important areas of patient and carer experience?

How individual patients and carers can contribute

The **stakeholder** process described in the previous section enables patient and carer organisations to contribute to the development of NICE **clinical guidelines**.

Individual patients, carers and members of the public can also participate in the following ways:

- Suggesting topics for clinical guidelines (see page 7).
- Commenting on draft **scopes** (see page 12) and draft guideline documents (see pages 17 and 18). Individuals are welcome to comment on the drafts, but your comments are likely to carry more weight if they come through a registered stakeholder organisation. You can contact one of these organisations (listed on the NICE website, www.nice.org.uk) to discuss the best way of submitting any comments.
- Membership of **guideline development groups**. NICE seeks nominations from patient organisations for patient and carer members of guideline groups, but individual patients and carers who are not members of formal groups can also apply. Invitations to apply are posted on the NICE website (www.nice.org.uk).

The rest of this chapter looks at the contribution of individual patients and carers to the work of guideline development groups.

What is the role of patient and carer members of guideline development groups?

Although their areas of expertise vary, all members of the guideline development group have equal status. Patient and carer members, like all members of the group, are there because of their personal knowledge and experience and are not considered to be representatives of any organisation.

A key role for patient and carer members is to ensure that the views, experiences and interests of patients inform the group's work.

This may include:

- identifying issues of concern to patients or carers to help develop key **clinical questions** – these questions guide the collection of the **evidence** that the guideline development group will look at
- reading summaries of the research evidence from a patient or carer perspective – for example, do the papers address issues that patients and carers consider important; did the researchers take patients' views into account when drawing their conclusions?
- making sure that patients and carers' perspectives are taken into account when the group draws up recommendations for clinical practice, and when it considers stakeholders' comments made during the consultation process
- helping to identify other patients or carers who could be invited to provide additional expertise if required
- contributing to the selection of the guideline's **priorities for implementation**
- helping to produce the '**Understanding NICE guidance**' booklet about the guideline (see page 27).

All **guideline development group** members need to attend regular meetings and do background reading between meetings. Meetings usually take a whole day and are held about every 4–6 weeks over a period of up to 18 months. Patient and carer members are offered payment for attending meetings, and reasonable expenses are reimbursed. The attendance payment can be made to

the individual member, or to an organisation such as their support organisation or employer. (Note that payments to an individual are liable to tax, and can affect benefits.)

What do we look for in a patient or carer member?

No formal qualifications are needed, but it is important to have:

- experience relevant to the guideline topic and issues important to people with the condition – for instance, as someone who has experienced the condition themselves (as a patient or carer), or as a policy officer of a relevant patient organisation
- an understanding of, and a willingness to reflect, the experiences and needs of a wide network of people with the condition or disease (for example, members of a patient organisation, or support or self-help group)
- time and commitment to attend meetings, do background reading, and comment on draft products of the group
- good communication and team working skills, including respect for other people's views, and the ability to listen and take part in constructive debate
- ability to maintain confidentiality as required.

It may also be helpful to have some familiarity with medical and research language, although other members of the **guideline development group** will be able to help you with technical terms.

Taking part in guideline development can raise personal issues for some people, for instance about an illness from which they have recovered, or about treatment that they are undergoing. You may wish to bear this in mind when considering putting yourself or someone else forward. Please contact the **Patient and Public Involvement Programme (PPIP)** if you would like to discuss this further.

Selection of patient and carer members

When the nominations have closed, the **national collaborating centre** will consider all the applications, and choose people to invite as members of the group. They will look at the range and types of experience offered, and also consider other factors (such as geographical location) in making their choice. The national collaborating centre will contact everyone who is nominated to let them know the outcome.

Training and support for patient and carer members

If you are selected as a member of a guideline development group, the PPIP will send you a 'welcome' pack. A member of the PPIP will contact you and give you some background information about what you might expect at the first guideline development group meeting. You will also be invited to a training day run by the PPIP.

The PPIP offers support to patient and carer members throughout their time on the group. Patient and carer members can also expect support from the group's Chair, other members of the group and the staff at the national collaborating centre.

Developing the guideline

One of the first tasks of the guideline development group is to develop a list of clinical questions that they hope to answer. These questions must cover the topics set out in the final **scope**.

The researchers employed by the **national collaborating centre** then use the clinical questions to collect relevant research papers. They assess the quality and relevance of these research papers (using a technique known as **critical appraisal**) and present summary tables of their findings to the guideline development group. The guideline development group reviews this evidence and develops draft recommendations.

What the patient and carer members do

Patient and carer members are involved in the same work as other members of the guideline development group. These are examples of the ways in which patient and carer members may use their specific experience and expertise.

- Helping to identify patient-focused **clinical questions** for the guideline.
- Assessing whether the group's draft recommendations:
 - address the treatments, interventions and outcomes that are important from the perspective of patients or carers
 - ensure patients and carers' views and preferences are taken into account
 - address the needs of relevant groups of patients, such as people from specific ethnic or cultural groups, or different age groups
 - address patients and carers' information, education and support needs in relation to the condition
 - respect patients in wording and tone.

Expert advisers

The guideline development group may need to seek advice on specific topics from people outside the group. For example, the group may want to know more about the experiences or concerns of specific groups of patients. Expert advisers, including patients and carers, may be invited to one or more meetings, or asked to contribute in writing.

Additional work to obtain the views of patients or carers

If the guideline developers do not identify relevant research evidence on patients' or carers' views and experiences, they will normally invite **stakeholder** organisations to submit information on any research they may know about (see page 16). If this is not successful, the guideline development group may consider other ways of getting additional information. For example, it may be possible to obtain written testimonials (patients' stories), or consult patients and carers, perhaps through a survey, workshop, discussion groups or interviews. Patient and carer members of the guideline development group may choose to help with, or take a lead on, this work.

If there is a lack of relevant research evidence about the views and experiences of patients and/or carers, please discuss this with your national collaborating centre or speak to the PPIP

Public consultation on the draft guideline

After about 18 months, the guideline development group produces a draft guideline for public **consultation** (see pages 17–19). This document includes all the recommendations, details of how they were developed and information about the evidence they were based on.

At the end of the 8-week consultation, the guideline development group considers the written comments, and amends the guideline. The final recommendations are agreed with NICE.

'Understanding NICE guidance': information for patients and carers

NICE produces a version of the guideline for patients and carers, called 'Understanding NICE guidance'. This booklet explains the guideline's recommendations in a way that is easy for patients, carers and members of the public to understand.

The editors normally start work on this version during the 8-week consultation period. You and other members of the guideline development group will be invited to give your views on the structure and content of the draft. You are encouraged to be actively involved, particularly by advising on whether the information is right for the audience.

What happens when NICE guidelines are published?

Publicising guidelines

NICE publicises its guidance to **healthcare professionals**, patient and carer groups and other **stakeholders**. We use the media to tell the public about new **clinical guidelines**. If you are a member of a **guideline development group**, you may be invited to participate in a press conference (with appropriate support and training from NICE). The national collaborating centre may also invite you to talk about the guideline at training meetings and other events.

After the guideline is published, NICE posts stakeholders' consultation comments on its website, along with the responses from the guideline's developers.



NICE sends an email to registered stakeholders when the guideline is published

What versions of guidelines are produced?

Normally there are four versions of a **clinical guideline**:

- the **full guideline**, which contains the guideline recommendations, details of how they were developed, and information about the evidence on which they were based. This version is published by the **national collaborating centre**
- a **short version** (called the NICE guideline), which lists all the guideline's recommendations
- '**Understanding NICE guidance**', which explains the guideline's recommendations in a way that's understandable to patients, carers and members of the public
- the **quick reference guide**, which is a summary of the main recommendations in the NICE guideline. This is sent to relevant healthcare professionals in the NHS.

NICE posts all these versions on its website – www.nice.org.uk. Printed copies of 'Understanding NICE guidance' and the quick reference guide are available free from the NHS Response Line on 0870 1555 455. Some national collaborating centres publish their full guidelines in paper copy.

Putting NICE guideline recommendations into practice (implementation)

NHS organisations such as hospitals, primary care trusts, local health boards and GP practices are expected to follow recommendations in NICE clinical guidelines. This involves looking at their existing practice and making changes where needed.

NICE helps the NHS to put its clinical guideline recommendations into practice.

Patient and carer organisations and other groups such as local Patient and Public Involvement Forums can use their networks and influence to publicise the guideline, and encourage and support its **implementation** locally and nationally.

You can look at the 'Using guidance' section of our website (www.nice.org.uk) to see materials that support putting each NICE clinical guideline into practice.

Updating NICE clinical guidelines

NICE keeps contact details for stakeholder organisations and will let them know when the guideline is going to be updated. Details are also posted on the NICE website.

If a **stakeholder** comments on the published guideline, these comments will be considered when the guideline is updated.

You are welcome to notify NICE, at any point after a guideline is published, of any new evidence that you think might have an impact on the existing recommendations. The guideline's existing recommendations will remain valid until the publication of any updated version.

How patient and carer groups can promote NICE guidelines

- Publicising the guideline on their website and in mailings to members.
- Including key messages from a NICE guideline in leaflets and other material for patients and carers.
- Conducting surveys to find out if NICE guidelines are being followed and using the findings to push for improvements.
- Working with NHS organisations, healthcare professionals and other patient representatives to help put NICE recommendations into practice at a local level.

Glossary

Clinical effectiveness

How well a treatment works in everyday clinical practice.

Clinical guideline

A systematically developed tool that makes recommendations about the care and treatment of people with a particular condition.

Clinical question

The questions about treatment and care that guide the search for research **evidence**.

Commercial organisation

A profit-making organisation that produces and/or sells drugs, devices or other products for use in the health service.

Consultation

The stage when **stakeholder** organisations can comment on a draft **scope** or draft **clinical guideline**.

Cost effectiveness

How well something works in relation to how much it costs.

Critical appraisal

A structured method of assessing key aspects of a research paper, to provide a balanced and objective review of the strengths and weaknesses of the study.

Evidence

Information obtained from a range of sources including clinical trials, observational studies, and the expert opinion of healthcare professionals and patients. NICE guidance is based on the best available evidence.

Full guideline

The version of a clinical guideline that contains all the recommendations, details of how they were developed, and summaries of the research they were based on.

Guideline development group (GDG)

A group of about 15 healthcare professionals, researchers and patients and carers, convened to develop a clinical guideline on a particular topic.

Guideline development process

The systematic method by which NICE's clinical guidelines are developed.

Guideline review panel

An independent panel of people who examine whether comments from stakeholders have been addressed fairly, and whether the recommendations in a guideline could be implemented in the NHS.

Healthcare professional

A trained professional providing healthcare services to individuals or groups of patients. Examples include doctors, surgeons, nurses, pharmacists and physiotherapists.

Health economics

A branch of economics that analyses information about the use of healthcare resources.

Implementation

The process of putting into practice the recommendations from NICE clinical guidelines.

Independent peer reviewers

A selection of experts who have not been involved in developing a clinical guideline, who read and comment on the draft guideline. Peer reviewers can include patient and carer experts as well as healthcare professionals and academics.

Interventional procedures guidance

Guidance from NICE on whether new surgical (and other) procedures are safe enough and work well enough to be used in routine practice in the NHS.

Literature search

The process used by researchers at the **national collaborating centres** to find all the relevant research work on a particular topic or **clinical question**.

National collaborating centre

One of seven independent bodies based at healthcare professional organisations (such as the medical and nursing Royal Colleges), and in the NHS, funded by NICE to develop clinical guidelines on its behalf.

PPIP – the Patient and Public Involvement Programme

A team of experienced patient involvement professionals at NICE that supports the involvement of patients, carers and members of the public in all of NICE's work.

Priorities for implementation

A group of recommendations that the **guideline development group** has identified as the most important ones to be put into practice.

Public health guidance

Guidance from NICE on the promotion of good health and the prevention of ill health.

Quick reference guide

A version of NICE clinical guidelines for healthcare professionals, that summarises the recommendations in an easily read format.

Scope

Sets out what a clinical guideline will and will not cover, providing a framework for the development of the guideline.

Short version

A version of the published guideline which lists all the guideline's recommendations. It is also called the NICE guideline.

Stakeholder

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

Systematic review

A review in which evidence from scientific studies has been identified, appraised and put together in a methodical way according to predetermined criteria.

Technology appraisal guidance

Guidance from NICE on whether individual drugs or devices work well enough (**clinical effectiveness**) and represent good enough value for money (**cost effectiveness**), to be used in the NHS.

'Understanding NICE guidance'

A booklet that explains a clinical guideline's recommendations in a way that is accessible and understandable to patients, carers and members of the public.

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