

Guidance
producer: **British Association of
Dermatologists**

Guidance
product: **Service Guidance and Standards**

Date: **13 March 2017**

Version: **1.2**

Final Accreditation Report

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Introduction

The NICE Accreditation Programme recognises organisations that demonstrate high standards in producing health or social care guidance. Users of the accredited guidance can therefore have high confidence in the quality of the information. Organisations may publicly display a seal of approval called an Accreditation Mark for 5 years after their processes have been accredited. The process for accrediting producers of guidance and recommendations for practice is described in the [process manual](#).

Accreditation recommendation

NICE has accredited the process used by the **British Association of Dermatologists** to produce **Service Guidance and Standards**. Accreditation is valid for 5 years from **7 March 2017** and is retrospectively applicable to guidance produced using the processes described in **Developing Dermatology Service Guidance, 2016**

Background to the guidance producer

The British Association of Dermatologists is a charity whose remit is the practice, teaching, training and research of dermatology. As part of this work, the British Association of Dermatologists Clinical Services Unit (CSU) is responsible for developing guidance that focuses on the organisation and delivery of dermatology healthcare services (Service Guidance) which underpins their clinical guidelines.

Service Guidance includes the overarching clinical pathway for patients, and the service aspects required in the delivery of dermatology care. It also defines the governance and organisational infrastructures which are required in the NHS. Guidelines are freely available from the British Association of Dermatologists website (<http://www.bad.org.uk/healthcare-professionals/clinical-services/service-standards>).

Summary

The Accreditation Advisory Committee considered that the processes used by the British Association of Dermatologists to produce Service Guidance and Standards demonstrated compliance with 23 of the 25 criteria for accreditation.

The scope and purpose of the guidance are clear. Development includes patient involvement. Guidance is reviewed externally through consultation with relevant groups as part of development. The strengths and limitations of the evidence are considered, and any areas of uncertainty are acknowledged. The Working Party Group (WPG) usually reaches decisions through a process of informal consensus, but where this is not possible, formal voting procedures are used to ratify any non-conclusive areas of service standards. There are processes for external peer review and updating of guidance including ad-hoc review. Guidance is assessed for review and update annually.

The content and format of the guidance is appropriate for the target audience. Support tools and auditing are provided and the guidance includes discussion of organisational and financial barriers. Development of statements (recommendations) is editorially independent while guidance development is funded by members of the British Association of Dermatologists.

Suggestions for improving the process used to produce the Service Guidance and Standards include:

- Ensuring that the process manual explicitly states that guidelines should include clear recommendations in reference to specific clinical, healthcare or social circumstances
- Ensuring that the process manual is updated to state that commissioners are 'expected to be recruited' onto working party groups (instead of stating 'when this is possible')

- Ensuring that all example guidelines explicitly state their inclusion and exclusion criteria for evidence identified in the evidence review

Professor Martin Underwood

Chair, Accreditation Advisory Committee

March 2017

Implementation

Following accreditation, guidance from the accredited producer will be identified on NICE Evidence Search by the Accreditation Mark. The accredited guidance producer is also granted a royalty-free, worldwide licence to use the NICE Accreditation Mark in accordance with the Conditions and Terms of Use. Providing these conditions are met, a guidance producer's accreditation will last for 5 years from the date of the accreditation decision.

Accredited guidance producers must take reasonable steps to ensure the accredited processes are followed when generating the type of evidence for which they are accredited. Accredited guidance producers should have quality assurance mechanisms in place and must inform NICE accreditation within 30 days if any significant change is made to a process.



Figure 1: The NICE Accreditation Mark

Appendix A: NICE Accreditation analysis

The Accreditation Advisory Committee considered the following analysis of the guidance producer’s compliance with NICE Accreditation criteria, which covers 6 discrete domains. The full analysis leading to the accreditation decision is shown below.

Criterion	Evidence for meeting the criterion	Accreditation decision
Scope and purpose	Does the guidance producer have a policy in place and adhered to that requires them to explicitly detail:	
	1.1 Overall objective	<p>The Process manual¹ states that the overall aim of service guidance and standards is to reduce variability in outcomes and to facilitate access to services consistently, both locally and nationally.</p> <p>The Phototherapy service guidance² states that its overall aim is focused on the organisation and delivery of dermatology healthcare services. Specific aims are to recommend suitable service standards to phototherapy units in the UK; to improve direct access to phototherapy treatments for patients and improve the overall cost of care; to quality assure phototherapy training standards within services and to quality assure patient outcomes and improve clinical recording in phototherapy services.</p>

Criterion	Evidence for meeting the criterion	Accreditation decision
1.2 The clinical, healthcare or social questions covered	<p>The Process manual¹ states that core review questions are drafted by the BAD Clinical Services Unit (CSU) and are contained within the scope. The scope template³ is used for all service guidance and standards being developed. Additional intervention-specific questions are approved between the CSU and WPG ahead of the scopes circulation to nominated WPG members. The contents of the scope and review questions are ratified at the first WPG meeting.</p> <p>The example guideline² details the clinical questions covered by the guideline and standards.</p>	Criterion met
1.3 Population and/or target audience to whom the guidance applies	<p>The Process manual¹ states that the target population for service standards are patients with skin conditions. The target audience is primarily NHS and private sector service providers, commissioners, and regulators, such as the Care Quality Commission (CQC), Healthwatch, local authorities and private health insurers (PHI).</p> <p>The example guideline² states that it was developed primarily for commissioners of NHS services, NHS and private practice service providers and regulatory bodies involved in the inspection of care. The patient population are phototherapy patients.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
1.4	<p>Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances</p> <p>The Process manual¹ does not explicitly state that the guidance producer's process requires clear standards (recommendations) in reference to specific circumstances.</p> <p>The example guideline² states that it is important for phototherapy service guidance and accompanying standards to reflect the issues which make a difference to the experience of the patient using the service. For this reason, this guidance follows the patient care pathway for phototherapy. The guidance incorporates existing requirements and standards (recommendations) set out nationally for NHS services.</p>	Criterion not fully met
Stakeholder involvement	Does the guidance producer have a policy in place and adhered to that means it includes:	
2.1	<p>Individuals from all relevant stakeholder groups, including patient groups, in developing guidance</p> <p>The Process manual¹ states that when relevant a WPG should contain representatives from multidisciplinary clinical groups and specialist interest groups including those with experience of commissioning. Commissioners are not directly involved in the development of guidelines unless there is a specific reason for their input.</p> <p>The example guideline² shows that a broad range of stakeholder representatives were included in the WPG: dermatologists, phototherapy nurses, phototherapy physiotherapists, medical physicists and patients.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
2.2	<p>Patient and service user representatives and seeks patient views and preferences in developing guidance</p> <p>The Process manual¹ states that patient representatives are invited to join the WPG. At least 2 members of a WPG should have experience of issues that are important to patients or carers. Patient and carer members should have direct experience of the condition as a patient, as a carer or family member, or as an officer or member of a patient or carer organisation or support group. Patients or their representatives should reflect the experiences of all types of patients with a condition rather than just their own views or those of a particular organisation.</p> <p>The example guideline² states that BAD included two patient representatives onto the WPG to update the guidance.</p>	Criterion met

Criterion		Evidence for meeting the criterion	Accreditation decision
	2.3 Representative intended users in developing guidance.	<p>The Process manual¹ states that the WPG should include representatives from a range of multidisciplinary specialties including commissioning and patients. This matches the target audience defined in the process manual which is primarily NHS and private sector service providers, commissioners, and regulators, such as the CQC, Healthwatch, local authorities and private health insurers (PHI).</p> <p>The example guideline² states that the target audience is primarily commissioners of NHS services, NHS and private practice service providers and regulatory bodies involved in the inspection of care. The example guideline lists the membership of the multidisciplinary WPG. The names, roles on the WPG and job role and organisation are provided.</p>	Criterion met
Rigour of development	Does the guidance producer have a clear policy in place that:		
	3.1 Requires the guidance producer to use systematic methods to search for evidence and provide details of the search strategy	<p>The Process manual¹ states that guidelines should be underpinned by a comprehensive search and evidence tables. The relevant sources are listed and include the Cochrane Library, PubMed, British Medical Journal (BMJ), British Journal of Dermatology (BJD), Royal Society of Medicine (RSM) Library and the NHS Economic Evaluation database.</p> <p>The example guideline² confirms the electronic databases that were searched for relevant information between May 2013 and February 2015.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
3.2	<p>Requires the guidance producers to state the criteria and reasons for inclusion or exclusion of evidence identified by the evidence review</p> <p>The Process manual¹ states that during the search for evidence any relevant guidelines identified as being suitable for inclusion in the evidence base should be flagged and documented. Evidence tables should be included in each service guideline and include a link to the source website or published guideline.</p> <p>The example guideline² contains a list of core evidence papers used to develop the 8 standards in the guideline. Specific inclusion and exclusion criteria of the types of studies included or whether only English language papers were considered is not stated.</p>	Criterion not fully met
3.3	<p>Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty</p> <p>The Process manual¹ explains that due to the limitations of published data and variations in the quality of clinical evidence relating to service standards, the WPG requests information from stakeholders via a 'Call for Evidence'. Evidence comes from data obtained from a survey of all current service providers and up to 10 nominated pilot test sites. WPG members with a healthcare background are expected to advise on how to identify best practice in areas where research evidence is absent, weak or ambiguous.</p> <p>The example guideline² indicates when there is variation in practice or when the clinical evidence is of low quality.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
3.4 Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	<p>The Process manual¹ states that the WPG usually reaches decisions through a process of informal consensus, but on issues where unanimity is not possible, formal voting procedures are to be used to ratify any non-conclusive areas of service standards.</p> <p>The example guideline² states that all decisions in the development of the guideline were made by the WPG through a process of informal consensus and agreement.</p>	Criterion met
3.5 Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	<p>The Process manual¹ states that the scope for each guideline should consider the health benefits, side effects and risks involved for each clinical intervention, prior to developing the Service Guidance and Standards.</p> <p>The example guideline² shows that benefits, side effects and risks are considered when they are relevant.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
3.6	<p>Describes the processes of external peer review</p> <p>The Process manual¹ states that the draft version of the guideline is posted on the BAD website for consultation with registered stakeholders and respondents. Consultation generally lasts for 6 weeks with a 4-week consultation designated for any partial guideline updates identified. The BAD invites stakeholders to comment on the draft guideline using the feedback form (Appendix 5)⁴.</p> <p>The example guideline² states that an extensive public consultation takes place with all professional groups involved in the delivery of NHS phototherapy services to make sure that suitable feedback has been actioned by the WPG, prior to guidance publication.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
3.7	<p>Describes the process of updating guidance and maintaining and improving guidance quality</p> <p>The Process manual¹ states that either a partial or a full update of a guideline can be considered. Either a new scope would be prepared or the scope of the published guideline is used and registered stakeholders informed. Recruitment of new WPG members follows the standard process with the CSU informing all stakeholders of the relevant Specialist Interest Group that a new WPG is being recruited. The service guideline update is developed using the same methods and processes as for a new guideline and the draft is subject to the normal 4-6 week consultation period.</p> <p>When partial or ad-hoc updates of guidelines are undertaken, the aim is to ensure that there is a single set of publications that bring together the updated information and relevant information from all earlier versions of the guideline.</p> <p>The update process is outlined in the example guideline². The guidance is scheduled for review in March 2017.</p>	Criterion met
	Does the guidance producer ensure that:	

Criterion		Evidence for meeting the criterion	Accreditation decision
Clarity and presentation	4.1	<p>Recommendations are specific, unambiguous and clearly identifiable</p> <p>The Process manual¹ states that each service standard should include a statement explaining the 'rationale' for its existence with 'essential criteria' which must be met. Overall the process defines the placement of the statements.</p> <p>The statements in the example guideline² are easily identifiable and clearly worded.</p>	Criterion met
	4.2	<p>Different options for the management of the condition or options for intervention are clearly presented</p> <p>The Process manual¹ states that where different options exist these are covered in the relevant service guidance and standards for the clinical intervention.</p> <p>The example guideline² shows that alternative treatment options should be discussed when they exist.</p>	Criterion met
	4.3	<p>The date of search, the date of publication or last update and the proposed date for review are clearly stated</p> <p>The Process manual¹ states that the date of search, publication or last update and the date of scheduled review should be provided in guidelines produced.</p> <p>The example guideline² includes all relevant dates outlined in the process.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
4.4	<p>The content of the guidance is suitable for the specified target audience. If patients or service users are part of this audience, the language should be appropriate.</p> <p>The Process manual¹ states that service standards are developed for a target audience which is primarily service providers, commissioners and regulators.</p> <p>The example guideline² states that it was developed primarily for commissioners of NHS services, NHS and private practice service providers and regulatory bodies involved in the inspection of care. The content of the example guidance is suitable for the specified target audience.</p>	Criterion met
Applicability	<p>Does the guidance producer routinely consider:</p> <p>5.1 Publishing support tools to aid implementation of guidance</p> <p>The Process manual¹ states that guidelines are piloted by up to 10 hospital sites to test each drafted service guidance and standards prior to the Validation Process for Draft Guidelines with stakeholders. A summary of changes to recommendations when a guideline is updated is required by the process manual.</p> <p>Some of the standards in the example guideline² state that a patient information leaflet is available which can be considered an implementation tool.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
5.2	<p>Discussion of potential organisational and financial barriers in applying its recommendations</p> <p>The Process manual¹ states that because of the resource and health impacts of service guidance and standards recommendations, the WPG will consider the cost and resource constraints on existing service provision. Additionally implementation costs for all clinical interventions should be included in guidance to provide a baseline case for improvement areas, in line with NHS Tariff payments.</p> <p>The example guideline² considers the organisational and financial barriers when these are relevant.</p>	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
5.3	<p>Review criteria for monitoring and/or audit purposes within each product.</p> <p>The Process manual¹ states that each service standard should contain auditable outcomes which are weighted as follows to categorise areas for improvement:</p> <ul style="list-style-type: none"> • Type 1 (red flag): failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law; • Type 2 (amber flag): standards that an accredited service would be expected to meet; • Type 3 (green flag): standards that an excellent service should meet. <p>The variation to current service provision by providers and performance outcomes against each service standard are best supported by systematic self-review and audit.</p> <p>The example guideline² states that each Service Standard contains a list of evidence and audit criteria which departments should assess themselves against. This self-assessment process is supported by a self-audit questionnaire which assists departments to improve their services and flag up areas of clinical concern within existing Trust governance and risk management conventions.</p>	Criterion met

Criterion	Evidence for meeting the criterion		Accreditation decision
Editorial independence	Does the guidance producer:		
	6.1 Ensure editorial independence from the funding body	The Process manual ¹ states that the BAD is a charity, for promoting the knowledge, research, practice and teaching of dermatology, funded by its members and no commercial funding is used to produce guidance. BAD is funded by the activities of its Members and the British Medical Journal of Dermatology (BJD). Editorial independence from the funding body is ensured.	Criterion met
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	The Process manual ¹ states that all BAD guideline development is funded by the BAD and is free from commercial funding. The BAD website states that the BAD is a charity, and this can be confirmed from the Charity Commission website ⁵ , which provides an annual return. There is no explicit need to state the funding source in each guideline, as this information is available to all via the Process manual and on the BAD website.	Criterion met

	<p>6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations</p>	<p>The Process manual¹ states that guidelines should provide the names of those who declared a conflict of interest and make it clear that all declarations are available upon request.</p> <p>Appendix 2, 'Conflicts of Interest policy'⁶ is used by the BAD to declare and manage interests. This applies to members of the WPG, invited external experts, observers and participants in consensus exercises. The policy describes different kinds of interest including personal, non-personal, financial and non-financial interests, and distinguishes between specific and non-specific interests. It provides direction on how to manage different types of interest. The Chair of the WPG should not have any investments or shareholdings in health and social care, or any specific, financial or non-financial interests in the preceding 36 months.</p> <p>A record of WPG members who have declared interests, together with dates is maintained and is available for public inspection.</p> <p>The policy states that at least 51% of the WPG should not have any specific interests. Interests are declared at the recruitment phase, ahead of WPG meetings where recommendations are formulated and prior to submission of the guideline to the British Journal of Dermatology.</p> <p>The example guideline² confirms that no conflicts of interest were recorded, but that all conflict of interest forms are available on request.</p>	<p>Criterion met</p>
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Criterion	Evidence for meeting the criterion	Accreditation decision
6.4	<p>Take account of any potential for bias in the conclusions or recommendations of the guidance</p> <p>The potential for bias affecting the standards set within the guideline is minimised due to the robust conflict of interest policy and also the systematic search for evidence.</p> <p>Guidance development is editorially independent. No external funding is used and this is clear in the process manual and on the guidance producer's website.</p>	Criterion met
<p>Documents referenced above:</p> <ol style="list-style-type: none"> 1. Developing Dermatology Service Guidance 2. Phototherapy Service Guidance, Oct 2016 3. Appendix 4: Scope template 4. Appendix 5: Consultation on draft Service Guidance and Standards for Phototherapy 5. Charity Commission website 6. Appendix 2: Proposed Policy for Declaring Conflicts of Interest for British Association of Dermatologists - Service Guideline Authors 		

Appendix B: Bibliography

Appendix B lists the additional information taken into account in the analysis and considered by the committee.

Document name	Description	Location
Developing Dermatology Service Guidance	Main Process manual	Supplied
Appendix 1: Service Guidance and Standards Process Flowchart- Phase 1 development	Process manual	Supplied
Appendix 2: Proposed Policy for Declaring Conflicts of Interest for British Association of Dermatologists' Service Guideline Authors	Conflicts of interest policy	Supplied
Appendix 3: Developing Dermatology Service Standards: The Working Party Group	Process manual	Supplied
Appendix 4: Scope template	Process manual	Supplied
Appendix 5: Consultation on draft Service Guidance and Standards for Phototherapy	Process manual	Supplied
Appendix 6: Equality impact assessment form	Process manual	Supplied
Phototherapy Service Guidance, Oct 2016	Example guideline	Supplied

Appendix C: NICE Accreditation Advisory Committee, external advisers and NICE Accreditation team

NICE Accreditation Advisory Committee

The NICE Accreditation Advisory Committee operates as a standing advisory committee of the Board of the National Institute for Health and Care Excellence (NICE). The Committee provides advice to NICE on a framework for accrediting sources of evidence that should be recognised as trusted sources of information for the NHS. The Chair of the Committee is appointed by the NICE Board and the meetings are conducted by the chair or in his/her absence the vice chair. The current Chair is Martin Underwood. A full list of the Accreditation Advisory Committee membership is available on the [NICE website](#). Members are appointed for a period of 3 years. This may be extended by mutual agreement for a further 3 years, up to a maximum term of office of 10 years.

The decisions of the Committee are arrived at by a consensus of the members present. The quorum is set at 50% of committee membership. The Committee submits its recommendations to the NICE Publications executive which acts under delegated powers of the NICE Board in considering and approving its recommendations.

Committee members are asked to declare any interests in the guidance producer to be accredited. If it is considered that there is a conflict of interest, the member(s) is excluded from participating further in the discussions. Committee members who took part in the discussions for this accreditation decision are listed below.

Title	Name	Surname	Role	Organisation
Mr	Richard	Brownhill	Independent health care improvement manager	Royal Bolton Hospitals Trust
Mrs	Susan	Cervetto	Senior Appraisal Pharmacist	All Wales Therapeutics & Toxicology Centre

Mrs	Lynda	Cox	Knowledge and implementation lead (formerly)	NHS England (formerly)
Ms	Ailsa	Donnelly	Lay member	N/A
Ms	Joyce	Epstein	Lay Member	N/A
Dr	Elvira	Garcia	Consultant in Public Health Medicine - Health Protection Lead	NHS Ayrshire & Arran
Mrs	Diana	Gordon	Company Director	DRG Consultants
Dr	Steve	Hajioff	Director of Public Health	Hillingdon Borough Council
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Dr	Mahendra	Patel	Principal Enterprise Fellow (Senior Academic Pharmacist)	University of Huddersfield
Ms	Mandy	Sainty	Research and Development Manager	College of Occupational Therapists
Mr	Duncan	Service	Evidence Manager	SIGN
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland
Prof.	Martin	Underwood	Professor of Primary Care Research, Director of Warwick Clinical Trials Unit	The University of Warwick
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