NICE National Institute for Health and Care Excellence

Guidance producer:	**British Society for Surgery of the Hand**
Guidance product:	**Clinical Guidelines**
Date:	**16 January 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 **British Society for Surgery of the Hand** to produce **Clinical Guidelines**. Accreditation is valid for 5 years from **10 January 2017** and is retrospectively applicable to guidance produced using the processes described in **British Society for Surgery of the Hand (BSSH) Evidence for Surgical Treatment (B.E.S.T.) Process manual, 1st Edition (11th version, November 2016)**.

Background to the guidance producer

The British Society for Surgery of the Hand (BSSH) includes over 700 Plastic, Orthopaedic and Hand surgeons, trainees and health professionals who provide care for the injured and disordered hand. It is a specialist surgical society, under the umbrella of the Royal College of Surgeons of England. The aims for which the society is established are to promote and direct the development of hand surgery, to foster and co-ordinate education, study and research in hand surgery (including the dissemination and diffusion of knowledge of hand surgery among members of the society and the medical profession) by such means as are necessary. BSSH produces clinical guidelines, which are known as “BSSH Evidence for Surgical Treatment (BEST)” documents. The guidelines are primarily targeted for use in the United Kingdom (UK) National Health Service (NHS).

Summary

The Accreditation Advisory Committee considered that the processes used by British Society for Surgery of the Hand to produce Clinical Guidelines demonstrated compliance with 23 out of the 25 criteria for accreditation.

The scope and purpose of the guidelines are clear, and the content and style of the guidance is suitable for the main target audience of medical professionals and clinical commissioning groups involved in decisions around the care of the hand.

Guideline development includes a wide range of representative target users. There is a requirement to include relevant professionals and lay people on the guideline development group (GDG). The process is systematic and includes information on how evidence is identified and included or excluded; what the strengths, weaknesses and areas of uncertainty in the evidence base are; and how recommendations are developed.

The benefits and risks are considered and discussed in the process manual, and the guidance has external peer review and a public consultation. There is representative stakeholder involvement in the consultation process as well as information around how the guideline development group arrive at a consensus.

Barriers to implementation are discussed in GDG meetings. Supporting tools are available to aid implementation of the guidance. There is a process for reviewing and monitoring the uptake of guidance, and audit criteria are considered for development as standard in guidelines. The process for reviewing and updating states how the guidance developer keeps abreast of important new evidence between planned updates of guidelines.

BEST documents are funded by the BSSH. This information is publicly available. The process manual demonstrates editorial independence from the funding body. All those involved in development of BEST documents must make transparent declarations of interest which are managed according to a defined policy. There is however no

documented procedure for managing the interests of the GDG lead, so the possibility of bias is mitigated but not fully accounted for.

Suggestions for improving the process used to produce BEST documents include

- Updating the process manual to include a procedure for managing the interests of the GDG lead.
- Documenting and implementing a procedure for identifying and managing any conflicts of interests declared over the lifetime of the guideline development and not just at the beginning and end of the process.

Professor Martin Underwood

Chair, Accreditation Advisory Committee

January 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	The process[1] details the aims and objectives of BEST documents as well as a requirement for the Guideline Development Group (GDG) to discuss the scope, aims and objectives of each BEST development proposal. Evidence of implementation is found in the example guideline[2].	Criterion met
	1.2 The clinical, healthcare or social questions covered	The process manual[1] details the type of questions that are likely to be covered by BSSH guidelines as well as a standardised template requiring the information to be included in each guideline. Evidence of implementation is found in the example guideline[2].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The process manual[1] requires the target audience for each guideline to be indicated in the publication. Audiences include medical personnel such as surgeons, general practitioners, hand therapists, nursing staff and clinical commissioning groups involved in decisions around the care of the hand and this information is included in the template. The example guideline[2] indicates its target audience as well as anticipated users.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The process manual[1] requires recommendations to be clear, specific and avoid ambiguity. It suggests that key recommendations be highlighted separately in the guideline as reflected in its template. The example guideline[2] contains sections specifying the clinical practice recommendations, good practice points and clinical indicators.	Criterion met
Stakeholder involvement	**Does the guidance producer have a policy in place and adhered to that means it includes:**		
	2.1 Individuals from all relevant stakeholder groups, including patient groups, in developing guidance	The process manual[1] details a requirement for relevant stakeholders to be involved in the development of BEST documents. It indicates the type and level of involvement of different kinds of stakeholders. The process also includes an external review stage through public consultation. The example guideline[2] includes a list of stakeholders, showing representation from the key groups, including patient and patient representative groups as indicated in the process.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	There is a requirement in the process manual[1] to ensure that the GDGs are multidisciplinary, including patients and their representatives. As part of the public consultation, if specific patient representative groups are identified as interested parties for a draft guideline, they would be invited to provide an external review of the document. The example guideline[2] shows the inclusion of a patient on the GDG as well as addressing the comments from the public consultation.	Criterion met
	2.3 Representative intended users in developing guidance.	The process manual[1] requires the involvement of key stakeholders in the guideline development process, as core members of the GDG, special stakeholders or as participants in the external review. Evidence of implementation is found in the example guideline[2] as supplementary information[3,4] showing the role of stakeholder organisations played in the external peer review.	Criterion met
	Does the guidance producer have a clear policy in place that:		

	Criterion	Evidence for meeting the criterion	Accreditation decision
Rigour of development	3.1 Requires the guidance producer to use systematic methods to search for evidence and provide details of the search strategy	There is a requirement in the process manual[1] for a formal systematic review of evidence to be carried out for each BEST document which is to be included in each published guideline. The methodology should consist of the Patient Intervention Comparison Outcome (PICO) formula used to generate questions, a defined search strategy and a list of databases to be accessed as part of the search as a minimum. This information is contained in the methods section of the example guideline[2].	Criterion met
	3.2 Requires the guidance producers to state the criteria and reasons for inclusion or exclusion of evidence identified by the evidence review	The process manual[1] details the procedure for inclusion and exclusion of evidence resulting from the search. Two members of the GDG screen all abstracts independently based on predetermined criteria with the GDG lead having the final say in the event of a difference of opinion. The methods section in the example guideline[2] contains a flow diagram showing the included and excluded articles.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.3	Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty	The process manual[1] describes how the evidence and where appropriate, evidence tables used in the development of guidelines are appraised. It recommends using either the Scottish Intercollegiate Guidelines Network's (SIGN) system or Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology. Where available, only NICE accredited guidance will be used to inform BEST document developments. Any evaluation of the quality of evidence used in reaching recommendations, or around adverse effects, risks, benefits and side effects should be documented in the final guidance. This information is available in the relevant sections of the example guideline[2].	Criterion met
	3.4	Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	The process manual[1] details the procedure for arriving at recommendations for BEST documents. Informal consensus is employed and when consensus is not reached, a voting process with the GDG chair having the deciding vote is in place. For recommendations which are based on poorer evidence, where informal consensus is not possible, Delphi consensus will be utilised. Good Practice Point (GPP) recommendations, where provided by the GDG will be separated from evidence based recommendations, as they are not subject to the same scrutiny of grading. The published guidelines will contain information on how recommendations are reached. Recommendations were reached by the use of informal consensus in the example guideline[2].	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The process manual[1] requires the GDG to incorporate evidence of adverse effects, risks, benefits and side effects in the guideline development process to enable the formulation of recommendations. It further recommends the documentation of any alternative treatment options, where possible in the final guidance. These considerations have been taken into account for the example guideline[2] as it contains an evaluation of the risks and benefits of interventions in the systematic review as well as alternative treatment options as part of the clinical practice recommendations.	Criterion met
	3.6	Describes the processes of external peer review	The procedure for peer review is described in the process manual[1]. The draft guidance undergoes internal review by the BSSH research committee and the BSSH council and if required, it is updated before proceeding for external review with identified stakeholders. In addition, the guideline is also published on the BSSH website as part of the public consultation. The feedback received from the review process will be considered and the draft guideline revised as appropriate. External peer review was sought from five stakeholder organisations in addition to the public consultation for the example guideline[2]. The guidance producer supplied evidence of the feedback received[3,4] and how it was incorporated into the guideline.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	3.7 Describes the process of updating guidance and maintaining and improving guidance quality	There is a requirement in the process manual[1] for reviews to be triggered two years after the publication of guidelines to ensure that they are completed within the five year lifespan of the products. The BSSH council may trigger an ad-hoc update of the guidance should a significant change in the evidence base occur. The review process will be conducted in the same way as the development of a new BEST document. If the changes mean that the current guideline is unsafe, then it would be withdrawn. Following the completion of the guideline, the GDG lead will provide written comments on the development process to the chair of the research committee. If significant changes are suggested by GDG leads, the chair will commission an update of the process manual. The example guideline[2] has only recently been published and is the only product by the guidance producer so the review process has not yet had time to be fully implemented.	Criterion met
	Does the guidance producer ensure that:		

	Criterion		Evidence for meeting the criterion	Accreditation decision
Clarity and presentation	4.1	Recommendations are specific, unambiguous and clearly identifiable	There is a requirement in the process manual[1] for all BEST documents to follow a common structure and ensure clarity of presentation. The template provides a structure for recommendations to be clearly identifiable in the guidance. The recommendations are also provided as an appendix in the guidance and as part of the quick reference guide developed. The example guideline[2] contains both the quick reference guide and the stand alone appendix. Recommendations are also included in the plain English summary section.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The process manual[1] requires the GDG to have a discussion of alternative treatment options in addition to recommendations in BEST documents. It states that where evidence for these alternative options has been investigated as part of the key questions in the guidance, it should be briefly discussed. Where no investigation has taken place, an acknowledgement of alternatives should be included. Alternative treatment options are provided in the example guideline[2].	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	4.3	The date of search, the date of publication or last update and the proposed date for review are clearly stated	The process[1] states that BEST documents are valid for five years from the date of publication. Reviews are started after two years of publication to ensure that any updates are carried out within the life span of guidance. There is a requirement for the date of publication and review to be displayed on the final guidance. The example guideline[2] includes the date of searches for evidence, as well as publication and review dates.	Criterion met
	4.4	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.	The process manual[1] states that the target audience for BEST documents are medical professionals such as surgeons, general practitioners, hand therapists, nursing staff and clinical commissioning groups involved in decisions around the care of the hand. Patients are also included as part of the target audience. BEST documents should follow a standardised template, for ease of recognition to users. It should also include a plain language summary which is targeted at non-clinical readers. The example guideline[2] is suitable for the target audience and includes a plain language summary.	Criterion met
Applicability	**Does the guidance producer routinely consider:**			

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.1 Publishing support tools to aid implementation of guidance	It is a requirement in the process manual for the production of support tools such as implementation aids to be developed to support published guidelines. It states that where appropriate, the summary at the end of the guidance will include a treatment algorithm. The algorithm will also be presented as part of the quick reference guide produced for each guideline and these will be available, free of charge on the BSSH website. The example guideline[2] contains both the algorithm and quick reference guide.	Criterion met
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The process manual[1] requires GDG members to consider describing anticipated facilitators and barriers to implementation of recommendations in the guideline, in line with the standardised template. Evidence of implementation is found in the example guideline[2].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 Review criteria for monitoring and/or audit purposes within each product.	There is a requirement in the process manual[1] for the GDG to identify audit indicators from the recommendations and good practice points made, where possible. The manual also states that download statistics of BEST documents will be analysed over a six month period and discussed at BSSH research committee meetings. In addition, an electronic survey of BSSH members will be conducted a year after publication of the guideline to analyse uptake and any strategies to improve implementation. Clinical audit indicators are provided for users in the example guideline[2]. There is currently no evidence of implementation for the other measures as the guideline has only recently been published.	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	The process manual[1] states that BEST guidelines are funded by the BSSH. The source of funding for the BSSH is through membership subscription and revenue from the Journal of Hand Surgery (European Volume). The editorial content of BEST guidelines is not dependent on funding and the guideline development group work independently from the BSSH Research Committee and Council to develop guidance. This information is also now publicly available on the BSSH website.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	The source of funding for the BSSH is documented in the process manual[1] and is available on the website. Information about the types of costs covered by the funding is also available in the process manual which is available online.	Criterion met
	6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The process manual[1] details the procedure for recruitment of GDG leads by the BSSH research committee. All members of the GDG as well as internal and external reviewers are required to sign a declaration of interest's form[5] which will be reviewed by the GDG lead and if necessary, be referred to the research committee. A conflict of interest may result in the member being excluded from the GDG. The declaration of interests is broken down into sections for personal pecuniary, family pecuniary and non-personal pecuniary interests. Copies of declarations will be available on request. There is however, currently no documented process for the management of conflicts for the GDG lead or a requirement for the chair to not have conflicts in reference to the guideline in development.	Criterion not fully met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.4 Take account of any potential for bias in the conclusions or recommendations of the guidance	The process described in the BSSH process manual is systematic in terms of gathering and appraising evidence and developing recommendations. The guideline[2] is subject to internal and external peer review by a number of individuals and organisations. All those involved in development must make transparent declarations of interest which are managed appropriately although the process for managing the interests and any conflicts for the lead of the GDG is unclear. The sources of funding for both the BSSH and BEST documents are included in the process manual as well as being publicly available on the guidance producer website. The lack of a documented process for the managing of interests of the GDG lead could lead to a perception of bias.	Criterion not fully met

Documents referenced above:

1 British Society for Surgery of the Hand (BSSH) Evidence for Surgical Treatment (B.E.S.T.) Process manual, 1st Edition (November 2016)
2 Evidence based management of adult trigger digits (2016)
3 External review feedback and actions form (Supplementary files 1 and 2)
4 Public consultation feedback and actions form (Supplementary files 3 and 4)
5 Signed declaration of interests (Supplementary files 7-15)

Appendix B: Bibliography

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

Document name	Description	Location
British Society for Surgery of the Hand (BSSH) Evidence for Surgical Treatment (B.E.S.T.) Process manual, 1st Edition (November 2016)	Process document	Supplied
Evidence based management of adult trigger digits (2016)	Guideline	Supplied
Supplementary files 1 and 2	External review feedback	Supplied
Supplementary files 3 and 4	Public consultation feedback	Supplied
Supplementary files 7-15	Signed declaration of interests	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
Dr	Adrian	Brown	Principal Screening Advisor (formerly)	Public Health England (formerly)
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
Ms	Angela	Green	Lead clinical research therapist	Hull and East Yorkshire Hospitals NHS Trust
Dr	Steve	Hajioff	Director of Public Health	Hillingdon Borough Council
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Mr	Duncan	Service	Evidence Manager	Scottish Intercollegiate Guidelines Network
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland
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