NICE National Institute for Health and Care Excellence

Guidance producer:	**Cheshire and Merseyside Palliative and End of Life Care Network Audit Group**
Guidance product:	**Palliative care and end of life care guidelines**
Date:	**12 January 2017**
Version:	**1.3**

Final Accreditation Report

Contents

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 **Cheshire and Merseyside Palliative and End of Life Care Network Audit Group** to produce **Palliative care and end of life care guidelines**. Accreditation is valid for 5 years from **10 January 2017** and is retrospectively applicable to guidance produced using the processes described in the **Cheshire and Merseyside Palliative and End of Life Care Network Audit Group guideline development manual (2014)**.

Background to the guidance producer

The Cheshire and Merseyside Palliative and End of Life Care Network Audit Group is currently hosted by the North West Palliative and End of Life Care Network. The Network's overall mission is for people who are approaching the end of their lives to be supported to live well before dying with peace and dignity in the place of their choice. The development of palliative and end of life care guidelines supports this aim.

Summary

The Accreditation Advisory Committee considered that the processes used by the Cheshire and Merseyside Palliative and End of Life Care Network Audit Group to produce palliative care and end of life care guidelines demonstrated compliance with 25 of the 25 criteria for accreditation.

The scope and purpose of the guidance is clear. Development involves relevant professionals, target users and lay members. The gathering and appraisal of evidence is systematic and the benefits and risks of different management options are discussed. It is clear how recommendations are developed and there are processes for external review and updating of the guidance.

The guidance provides clear recommendations including any options where applicable, and the content is suitable for the main target audience of professionals. Support tools and audit criteria are provided, and barriers to implementation are considered. Guidance development is funded by the NHS and is editorially independent of any external funding source. All those involved must declare any interests which are managed according to a transparent policy. Overall the possibility of bias is accounted for.

Suggestions for improving the process used to produce Palliative care and end of life care guidelines include:

- Explicitly stating in the process that the Chairs should not have any conflicts of interest
- Exploring the feasibility of involving palliative care patients directly in development

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 guideline group develops the scope of the guidance, which includes its overall objectives[1]. The process[1] requires the guidance to include a section on scope and purpose in which the overall objectives are stated. The example guidelines[2,3] clearly state the overall objectives.	Criterion met
	1.2 The clinical, healthcare or social questions covered	The guideline group defines the clinical, healthcare or social questions to be addressed by the guideline[1]. The process[1] states that the key questions should be outlined in the 'Scope and purpose' section of the guidance, with further details provided in the 'Methodology' section. The example guidelines[2,3] clearly state the topics and key questions covered.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	1.3	Population and/or target audience to whom the guidance applies	The process[1] requires that the target population and the target audience are stated within the 'Scope and purpose' section of the guidance. This can be seen in the example guidelines[2,3].	Criterion met
	1.4	Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The process[1] states that guideline recommendations should be unambiguous and clear about the circumstances in which they apply. It states that recommendations and their rationales should be provided in the section 'Guideline recommendations'[1]. Both example guidelines[2,3] provide clear recommendations in reference to specific circumstances.	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[1] states that a multidisciplinary group is formed for each topic, including experts from different fields as appropriate. There is 1 lay representative on the audit subgroup[4] that performs topic selection and provides an internal review of guidance, and another on the main guideline group that develops key questions, examines the evidence and formulates recommendations[1]. The guideline acknowledgements and the names and affiliations of guideline group members demonstrate the involvement of relevant professionals and 1 lay representative in each case[2,3]. The membership list of the audit subgroup[5] shows that relevant professionals and a lay representative were included on that group.	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	Each guideline group includes at least 1 lay member who may be supported through a 'buddy' system with a relevant professional or 1-1 training outside the meetings[1]. Feedback from lay representatives is sought after each meeting[1]. Patient groups may be invited to present to the guideline groups, and literature on patients' views is sought in the searches[1]. The audit subgroup should also include 1 lay member[4]. Guideline acknowledgements[2,3] and the membership list of the audit subgroup[5] demonstrate the involvement of lay representatives.	Criterion met
	2.3	Representative intended users in developing guidance.	Each guideline group should include target users such as nurses and specialists in different fields such as respiratory physicians, where appropriate[1]. The names and affiliations documented in the example guidelines[2,3] demonstrate the involvement of target users.	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	The process[1] states that guidelines should be based on a systematic review of the evidence and names databases to search for different kinds of evidence. It states that the review is structured around the clinical questions defined during scoping[1]. The process[1] requires that details of the searches are provided in the guidelines. The example guidelines[2,3] provide details of the search strategies and the number of records identified.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.2	Requires the guidance producers to state the criteria and reasons for inclusion or exclusion of evidence identified by the evidence review	Inclusion and exclusion of papers is determined on the basis of relevance and may also take into account demographic characteristics of study participants, the language of papers and the outcomes studied[1]. Inclusion and exclusion criteria should be documented in the guideline methodologies and appendices[1]. The appendices of the example guidelines[2,3] detail the inclusion and exclusion criteria and the numbers of papers identified and excluded at each stage.	Criterion met
	3.3	Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty	The process[1] recommends the use of critical appraisal tools to assess different kinds of evidence and states that each item of evidence should be appraised by at least 2 people. It states that the guidelines should state the strength of the evidence according to the Scottish Intercollegiate Guidelines Network (SIGN) system, which it provides details of[1]. The example guidelines[2,3] indicate the strength of the evidence for each recommendation.	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)	The process[1] states that the guideline group aims to achieve unanimous consensus, with voting if consensus is not possible. The guideline lead has the casting vote and the affected recommendations are highlighted at the review stage[1]. There is no explicit requirement to explain the method used to arrive at recommendations in the guidelines and the example guidelines[2,3] do not state this; however the process manual[1] is available online.	Criterion met
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The process[1] states that the guideline group should consider the benefits, risks and side effects when developing recommendations. The example guidelines[2,3] discuss the benefits and relative advantages of different options for managing symptoms. They also discuss risks and side effects of drugs and the morbidity and mortality of different procedures where applicable[2,3].	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.6	Describes the processes of external peer review	Guidelines are reviewed internally by the audit subgroup before being sent to at least 1 external reviewer[1]. The external reviewers are relevant experts from outside the Cheshire and Merseyside region and must not have participated in development of the guidelines up to that point[1]. Reviewers are provided with a detailed form[1] to gather comments on different aspects of the guidelines. The example guidelines and the spreadsheets documenting their development[6,7] provide details of the external reviewers and their comments.	Criterion met
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	The process[1] requires scheduled updates 3 years after publication, following the same methodology as for new guidelines. Searches may be restricted to the period since guideline publication where key questions are unchanged[1]. The process[1] allows ad-hoc updating of guidelines based on new evidence identified from alerts and notification from guideline group members who are familiar with the evidence in this specialist field. Both example guidelines[2,3] state that they will be reviewed 3 years after publication.	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	The process[1] states that guidelines should be concise and clear, and specifies that recommendations should be in a clearly labelled section. It states that recommendations should be unambiguous and clear about the circumstances in which they apply[1]. The example guidelines[2,3] provide clear recommendations that are specific, unambiguous and easy to identify.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The process[1] requires the clear presentation of any options for management or intervention. The example guidelines[2,3] describe different options including pharmacological and non-pharmacological alternatives where applicable.	Criterion met
	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] requires the search dates and the review date to be clearly stated in specific sections. There is evidence of a standard format[2,3] for the guidance which includes the date of production on each page. The example guidelines[2,3] provide the dates of search and review, along with the date of production.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	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[1] requires clear recommendations, a quick reference summary or abstract, and a section on applications and implications. These help to ensure that the content of the guidance is suitable for the target audience of professionals. This is supported by the involvement of relevant users in development[1]. The content and format of the guidelines[2,3] is suitable for the main audience of care professionals.	Criterion met
Applicability	**Does the guidance producer routinely consider:**			
	5.1	Publishing support tools to aid implementation of guidance	The process[1] requires a quick reference summary of recommendations to be provided. It states that development of a range of supporting tools should be considered including patient and carer resources and educational materials for professionals[1]. Quick reference summaries are provided in both example guidelines[2,3] and a poster to aid implementation[8] is available for 1 of the guidelines.	Criterion met
	5.2	Discussion of potential organisational and financial barriers in applying its recommendations	The process[1] requires that potential organisational and financial barriers should be addressed within the section 'Applications and implications' of the guidance. This can be seen in the example guidelines[2,3].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 Review criteria for monitoring and/or audit purposes within each product.	The process[1] requires the inclusion of audit standards within the guidance or the development of a separate audit form to be made available alongside the guidance. Both example guidelines[2,3] provide a section on auditable standards, and 2 audit forms are available for 1 of the guidelines.	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	The process[1] states that the guidance producer is an NHS organisation and the funding body is therefore NHS England. The involvement of NHS professionals is required as they are an important part of the target audience. The process does not seek external funding[1]. The example guidelines[2,3] were developed by multidisciplinary groups including NHS professionals and patient representatives. Both example guidelines[2,3] state that they were funded using professional activity time facilitated by the employing organisations of the professional authors.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	6.2	Demonstrate transparency about the funding mechanisms for its guidance	The process[1] states that the guidance producer is an NHS organisation and the funding body is therefore NHS England. The process[1] does not seek external funding although it requires the acknowledgement of any assistance including funding to be stated in the guidance. The example guidelines[2,3] state that they were funded using professional activity time facilitated by the employing organisations of the professional authors.	Criterion met
	6.3	Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The process[1] states that all members of the guideline group, invited experts and external reviewers should complete a conflict of interest form. Different kinds of interest are defined and they are assessed by the Chair of the audit sub-group, whose own interests are assessed by the Vice-Chair[1]. Details of any interests should be provided in the guidance or accompanying documentation online[1]. The process[1] is available online. The process[1] does not explicitly state that the Chair should not have any conflicts of interest, although the Chairs did not have any conflicts for the guidelines examined[2,3,6,7]. Details of any interests for the example guidelines are available either in the guidelines[2,3] or the accompanying documentation[6,7] online.	Criterion 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[1] is systematic in gathering and appraising evidence. Development involves multidisciplinary groups and external review[1,4]. Editorial independence is achieved as no external funding is used and it is accepted that NHS employees are required to participate to ensure appropriate stakeholder involvement[1]. Those involved in development are required to declare any conflicts of interest[1] and the possibility of bias is accounted for overall.	Criterion met

Documents referenced above:
1 Cheshire and Merseyside Palliative and End of Life Care Network Audit Group guideline development manual (2014)
2 Symptom control medication and the dying person (2015)
3 Guidelines for the Medical Management of Malignant Bowel Obstruction (2015)
4 Cheshire and Merseyside Palliative & End of Life Care Network Audit Sub Group: Terms of Reference (2016)
5 Cheshire and Merseyside Palliative and End of Life Care Audit Subgroup membership list (2016)
6 Cheshire and Merseyside Palliative and End of Life Care Network Audit Group guideline development manual: development spreadsheet (2014)
7 Symptom control medication and the dying person: development spreadsheet (2015)
8 Malignant Bowel Obstruction- a systematic review and evaluation of current practice: poster supporting implementation (2015)

Appendix B: Bibliography

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

Document name	Description	Location
ASG Membership August 2016	Membership list	Supplied
Audit Sub Group Terms of Reference 2016	Terms of reference	http://www.nwcscnsenate.nhs.uk/files/4114/6651/7862/Audit_Sub_Group_Terms_of_Reference_2016.docx
Audit tool	Audit tool	Supplied
Audit tool 2	Audit tool	Supplied
Guideline Development Manual 24 02 2014 (Amendments 2016)	Process manual	Supplied
Medical Management of Malignant Bowel Obstruction	Spreadsheet documenting development	Supplied
NICE Application 17.9.16 Palliative Care Guidelines, Northwest Coast Strategic Clinical Network FINAL	Accreditation application form	Supplied
Poster malignant bowel obstruction	Support tool	http://www.nwcscnsenate.nhs.uk/files/2414/3816/6119/MBO_Poster_Audit_Guidelines.ppt
Poster medications for symptom control in the dying person	Support tool	http://www.nwcscnsenate.nhs.uk/files/5314/4766/8458/Poster_medications_for_symptom_control_in_the_dying_person.pdf?PDFPATHWAY=PDF
SG Medical management of MBO - Apr15	Guideline example	http://www.nwcscnsenate.nhs.uk/files/4514/5580/6600/Malignant_Bowel_Obstruction_2015_FINAL_S__G.pdf?PDFPATHWAY=PDF
Symptom Control Medication and The Dying Person October 2015 FINAL	Guideline example	http://www.nwcscnsenate.nhs.uk/files/5814/7335/1956/Symptom_Control_Medication_and_The_Dying_Person_Oct

Document name	Description	Location
		ober_2015_FINAL.pdf?PDFPATHWAY=PDF
Symptom Control Medication in the Dying Person	Spreadsheet documenting development	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
Prof.	Martin	Underwood	Professor of Primary Care Research, Director of Warwick Clinical Trials Unit	The University of Warwick
Ms	Ruth	Wakeman	Assistant Director of Professional Development and Support	Royal Pharmaceutical Society
Dr	Charles	Young	Emergency Physician Chief Medical Officer	Guys and St Thomas' NHS Foundation Trust Capita Healthcare Decisions

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