

## Public consultation comments on the draft accreditation decisions for the NICE Centre for Clinical Practice (NICE CCP)

### Draft Accreditation Decision Consultation Comments Table

Thursday 23 July - Thursday 20 August

Type	Organisation	Decision commenting on	Order No	Comments	NHS Evidence Project Team Response Please respond to each comment
Stakeholder	NICE Centre for Clinical Practice	NICE CCP	1.1	<p><b>Ambiguity of criterion 5.3</b></p> <p>NICE CCP was given a 'yellow' rating for criterion 5.3 "That their guidance is current, with review criteria for monitoring and/or audit purposes within each product". The implication of this wording is that the review criteria refer to the currency of the guideline. If not, the first part of the sentence is redundant.</p> <p>Presumably this criterion is derived from AGREE criterion 21 "The guideline presents key review criteria for monitoring and/or audit purposes" in the subsection on applicability. It is not clear why criterion 5.3 appears to address 'currency' of the guidelines, particularly since updating of guidance is also covered in criterion 3.7 (for which NICE CCP was rated 'green'). The supporting notes for AGREE make it clear that criterion 21 is about the presence of tools for monitoring adherence to a guideline.</p>	The guidance producer's comment was verified and was assessed as meeting the criterion. The accreditation process manual and online submission form have been amended for criterion 5.3 to 'review criteria for monitoring and/or audit purposes' to remove ambiguity.
		NICE CCP & SIGN	1.2	<p><b>Consistency of application of criterion 3.4</b></p> <p>The initial NHS Evidence Overview rated NICE CCP as 'green' but this was changed following comments made by the external assessors. We can accept that the Committee found NICE CCP's description of the process used to reach judgments somewhat unclear. However, we were surprised that this was</p>	Each accreditation application is reviewed on its own merits rather than compared with an application from another organisation. Further review of the NICE CCP 'Guidelines Manual January 2009'

				<p>not raised as an issue with the submission from SIGN, who produce similar guidelines. We are not aware that SIGN methods for deciding upon recommendations are more clearly documented than NICE CCP processes, and we are concerned about whether the criteria are being consistently applied when different external assessors are used. The accreditation process manual does not mention how consistency between different external assessors is ensured.</p> <p>We therefore think that the 'yellow' rating for NICE CCP should be reconsidered in the light of its apparent inconsistency from SIGN's 'green' rating.</p>	<p>revealed that section 3.5.1 states that 'if the group cannot come to a consensus in a particular area, this should be reflected in the wording of the recommendation.'</p> <p>This indicates a process that meets the criterion. It is also similar to that used by SIGN, which was assessed as fulfilling the criterion.</p>
Stakeholder	British Pain Society	NICE CCP	2.1	<p>We note that the NICE CCP does not meet the standard for clarifying the method used to arrive at recommendations. The BPS has raised concerns over the recently published guideline, Early Management of Persistent Non-Specific Low Back Pain (CG88 May 2009). Although NICE CCP does meet the standard for involving stakeholders from relevant professional groups, in this case no expert on non surgical interventions was present on the GDG which has led to some concerns in relation to the bias of the GDG. This particularly relates to the inclusion of recommendations based on consensus agreement within the group where robust empirical evidence is lacking. In areas where there is limited systematic evidence and consensus agreement is used to formulate recommendations, we believe that the Low back pain guidelines illustrate a lack of consistency in the translation of evidence into recommendations. NICE suggest that the differentiation between recommendations is based on the wording of the recommendation and the NICE guidelines manual (2009) page 102 states 'The GRADE system (see section 6.2.1.1) allocates labels or symbols to represent the strength of a recommendation. NICE has chosen not to do this, but instead to reflect the concept of strength in the wording of the recommendation (see section 9.3.3).'</p> <p>We would suggest that this has, in the case of the low back pain guidelines,</p>	<p>Thank you for your comments. NHS Evidence accreditation evaluates processes used to generate guidance rather than individual pieces of guidance such as that referred to by the consultee. As the comment acknowledges, the guidance producer meets the criteria for having a process that involves stakeholders (domain 2).</p> <p>The guidance producer was also found to meet the criterion for translating evidence into recommendations (criterion 3.4; see above comment). The issue raised by the stakeholder is specific to a piece of guidance and may reflect the general difficulty in accurately describing the process used by the guidance producer in reaching a recommendation where there</p>

				led to inconsistencies in the translation of the strength of the evidence into recommendations.	may be limited systematic evidence, rather than a lack of process itself.
		All draft accreditation decisions	2.2	<p>The British Pain Society has a membership of over 1,550 and is involved in all aspects of pain and its management through the work of the Council, Committees and Working Parties. As part of its work The British Pain Society aims to produce contemporary guidance, supported by available evidence, on clinical and other pain matters.</p> <p>The British Pain Society has welcomed the introduction of a system to accredit guidance. The process reflected in these reports appears rigorous and gives a clear indication of the strengths and the weaknesses of the process adopted by the organisations reviewed. While accepting the recommendations of the Advisory Committee in respect of the above mentioned institutions, we would like to comment on some issues relating to these judgements.</p> <p>We note that not all of the criteria are met by the organisations reviewed. Where this is the case actions are identified to address these issues. The reports indicate that the review period for these is at the next review point in three years. This raises a couple of issues. Firstly the clarity of the decision to approve an organisation when not all the criteria are met. For reasons of transparency should a justification be offered for approval despite ongoing uncertainty in relation to certain criteria? Although not suggesting that organisations should have to meet all the criteria to be approved, the threshold for the approval of an organisation not meeting all the criteria seems unclear. Clarification would be helpful for organisation such as the BPS who may apply for accreditation in the future. Secondly, where uncertainties in the process are identified and actions proposed, 3 years seems a long period to review the implementation of amendments.</p> <p>We hope that these comments are constructive and supportive of the process.</p>	<p>Thank you for your comments. The accreditation process manual states that where evidence is provided to challenge the accreditation decision, it may be reviewed within 18 months. The comment has minimal relevance to the NICE CCP, since all criteria were evaluated as met.</p> <p>Further information on how the Advisory Committee reaches a decision is now provided in section 3.7 of the Accreditation Process Manual (Making a draft accreditation decision). The Advisory Committee's decision is based on the guidance producer meeting the necessary and relevant accreditation criteria for its guidance. The committee considers the weight, strength and consistency of the guidance producer's processes. This involves a thorough analysis of the guidance producer's documented policy for producing guidance, an evaluation of whether the process meets each of the criteria (rated as green = met, red = not met, yellow = some uncertainties) and an assessment of how consistently the stated process is implemented in examples of guidance.</p>

					<p>The relative importance of some criteria may vary according to the specific guidance process and product being evaluated, and in some circumstances, although the guidance producer will be eligible not all of the criteria may be applicable. The Committee will debate the impact of non applicable criteria on a case by case basis. The process used by NHS Evidence ensures transparency by publication of draft and final decision report which include full details of why criteria ratings were assigned.</p>
Stakeholder	Royal College of Nursing	All draft accreditation decisions	3.1	<p>The overall process is clear, each aspect under scrutiny was clearly defined and the rationale for decisions made is explained clearly.</p> <p>The colour coding of criteria – it makes it easy to follow and gives a quick overview of quality.</p> <p>There is a clear process for reviewing the 'yellow criteria'</p> <p>From the draft submissions there was clear consistency from the accreditation committee which suggests that the process is reproducible and fair.</p> <p>The RCN therefore supports these draft decisions.</p>	<p>Thank you for your comments.</p>