

**Guidance producer subject to accreditation:**  
**National Institute for Health and Clinical Excellence**  
**(NICE) Centre for Public Health Excellence (CPHE)**

**Date: 5 October 2009**

**Version: 1.3**

**Draft Accreditation Report – for consultation**

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## 1. Accreditation recommendation

The NHS Evidence Advisory Committee operates as a standing advisory committee of the Board of the National Institute for Health and Clinical Excellence (NICE). The Committee provides advice to the Institute 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 Institute's Board and the meetings are conducted by the Chair or in his/her absence the vice chair. The current Chair is David Haslam. A full list of the advisory committee membership is available on the NICE website (<http://www.nice.org.uk/nhsevidence/nhseac.jsp>) and those members present for this accreditation application shown in Appendix A.

The decisions of the committee will normally be arrived at by a consensus of those members present. The quorum is set at 50% of committee membership. The committee will submit its recommendations to the Institute's Guidance executive which will act under delegated powers of the Institute's Board in considering and approving its recommendations.

### Accreditation recommendation

It is proposed that the process to produce guidance by the **NICE Centre for Public Health Excellence (CPHE) is recommended for NHS Evidence accreditation**. This draft decision is subject to public consultation before a final decision is made.

### Background to the guidance producer

NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. The Department of Health commissions NICE to develop public health guidelines. The Centre for Public Health Excellence (CPHE) at NICE produces national guidance for the promotion and protection of good health and the prevention of disease. NICE CPHE produces approximately seven pieces of public health guidance each year across a range of conditions (<http://www.nice.org.uk/guidance/index.jsp?d-16544-s=3&d-16544-o=2&status=3&d-16544-p=1&action=byType&type=4>).

NICE guidance is developed by a number of independent advisory groups made up of health professionals, those working in the NHS, patients, their carers and the public. The CPHE at NICE facilitates the independent committees and manages the process of guidance production, which includes commissioning evidence reviews and economic analyses from a range of contractors. Both standard guidelines and Quick Reference Guides (QRGs) are guidelines which are produced by NICE CPHE for use by health professionals, social care professionals, the public and a range of stakeholders / users from the public, voluntary and private sectors. The advice in the 'CPHE Methods Manual 2009' and 'CPHE Process Guide 2009' utilised by NICE CPHE are based on the criteria of quality in the Appraisal of Guidelines Research and Evaluation (AGREE) instrument.

### **Advisory committee consideration**

The advisory committee considered that the guidance producer meets the majority of the criteria for accreditation. The documentation underpinning the guidance producer's processes is robust, comprehensive and up to date. The Committee was therefore satisfied overall with the guidance producers application, with the exception of one criterion.

The initial NHS Evidence accreditation overview found that the guidance producer meets most of the criteria for accreditation, with some uncertainty about criteria 4.3 (date of search, last update and proposed review date) and 5.3 (guidance is current, with review criteria for monitoring and/or audit purposes within each product).

External advisers agreed that there was uncertainty around these criteria, one of whom identified further uncertainty around criteria 3.7 (process of updating guidance and maintaining and improving guidance quality), 4.1 (recommendations are specific, unambiguous and clearly identifiable) and 5.2 (discussion of potential barriers to implementation). Further supporting information was requested from the guidance producer to resolve uncertainty around these criteria.

Feedback from the guidance producer resolved uncertainty about criteria 3.7, 4.1, 4.3 and 5.2.

However, uncertainty remains around criterion 5.3. In its feedback in response to the overview and external advisers' reports, the guidance producer reiterated its process for updating guidance to ensure it is current. However, it did not address the specific issue raised, which was uncertainty around criteria for monitoring and audit within each guidance product. The guidance producer stated that an assessment of how practical and useful an audit tool would be is made on a case by case basis. This assessment process is not documented and therefore remains an area of uncertainty. It is recognised that criterion 5.3 is ambiguous. The accreditation process manual has been revised and the wording of this criterion altered to 'review criteria for monitoring and/or audit processes' to remove ambiguity.

### **Summary and recommendations**

In summary the advisory committee considers that the guidance producer NICE Centre for Public Health Excellence (CPHE) is accredited.

The guidance producer has a documented process for producing guidance, which is very robust. The process meets 24 of the 25 accreditation criteria, and there is evidence that it is consistently implemented in its guidance.

The only area of uncertainty is in its assessment of the process of when and how to supply audit tools. It is acknowledged that this needs to be done on a case by case basis, but more details about this process would be welcome.

Compliance with this criterion will be reviewed when the guidance producer reapplies for accreditation in 3 years.

David Haslam

Chair, Advisory Committee

September 2009

## 2. NHS Evidence accreditation analysis

The advisory committee considered the following analysis of the guidance producer's compliance with NHS Evidence accreditation criteria, summarised below. The extent of compliance with each domain and criteria is shown in Appendix B: Overview Summary Table. Appendix C lists the additional information taken into account in the analysis and considered by the committee. The process for accrediting producers of guidance and recommendations for practice is described in the process manual which can be found [here](http://www.nice.org.uk/nhsevidence/aboutaccreditation/aboutaccreditation.jsp?domedia=1&mid=27C232A0-19B9-E0B5-D4A11FA899F4C219)

<http://www.nice.org.uk/nhsevidence/aboutaccreditation/aboutaccreditation.jsp?domedia=1&mid=27C232A0-19B9-E0B5-D4A11FA899F4C219>.

### 2.1. *Scope and purpose*

Does the guidance producer have a policy in place that requires them to specifically detail the domain criteria?

The guidance producer meets the criteria in this domain, described in 'CPHE Methods Manual 2009' and the 'CPHE Process Guide 2009'. Evidence for the application of these criteria was found in two examples of guidance (PH4: Community based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, March 2007 and PH15: Reducing the rate of premature deaths from cardiovascular disease and other smoking related diseases: finding and supporting those most at risk and improving access to services, September 2008). The external advisers agreed with this assessment.

### 2.2. *Stakeholder involvement*

Does the guidance producer have a policy in place that means it includes information detailed in the domain criteria?

The guidance producer meets the criteria in this domain, described in 'CPHE Methods Manual 2009' and the 'CPHE Process Guide 2009'. Evidence for the application of these criteria was found in two examples of guidance (PH4: Community based

interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, March 2007 and PH15: Reducing the rate of premature deaths from cardiovascular disease and other smoking related diseases: finding and supporting those most at risk and improving access to services, September 2008). The external advisers agreed with this assessment.

### **2.3.      *Rigour of development***

Does the guidance producer have a clear policy in place that means it includes information detailed in the domain criteria?

The external advisers felt that there were areas of uncertainty around one of the criteria in this domain.

3.7 (process of updating guidance and maintaining and improving guidance quality): an external adviser states that the assessment team only refers to updating in the overview so it is not clear if issues related to maintaining and improving guidance quality are or should be covered.

In its feedback the guidance producer noted that it was unclear as to what a process for maintaining and improving guidance quality might involve.

The original assessment rated this criterion as being met and after considering the guidance producer feedback and the processes the guidance producer has for updating and maintaining guidance, the original assessment is upheld because the process documented also describes the process for maintaining guidance quality.

### **2.4.      *Clarity and presentation***

Has the guidance producer submitted sufficient detailed information to ensure the domain criteria are met?

The external advisers felt that there were areas of uncertainty around some of the criteria in this domain.

4.1 (recommendations are specific, unambiguous and clearly identifiable): an external adviser questioned the statement in the overview that all recommendations are clear, concise and specific. In addition the external adviser questioned how the accreditation team assessed the clarity of the recommendations.

While the external adviser's points are acknowledged, the accreditation process manual recommends that a sample of guidance is selected arbitrarily to assess implementation of a guidance producer's process, since it will often be impractical to evaluate every piece of guidance where a large volume of guidance exists. Although there is no prescribed method to assess clarity of recommendations, this is readily apparent by reading the recommendations in the guidance products sampled.

In its feedback the guidance producer reiterated the process verified by the assessment team in the overview. The process initially found and subsequently reiterated by the guidance producer fulfils the criterion.

4.3 (date of search, last update and proposed review date clearly stated): The external advisers agreed with the NHS Evidence accreditation assessment that there was uncertainty on this criterion.

In its feedback the guidance producer explained that the date range for searches is shown. In addition evidence reviews contain further information about the actual dates of the searches.

The supporting information resolved the uncertainty around this criterion and was judged to be met.

## **2.5.      *Applicability***

Has the guidance producer submitted sufficient detailed information to evidence routine consideration of the domain criteria?

The external advisers felt that there were areas of uncertainty around some of the criteria in this domain.



5.2 (discussion of potential barriers to implementation): The external advisers stated that it is not clear whether or not the guidance producer includes a discussion of organisational barriers.

In its feedback the guidance producer provided further supporting information with regards to the consideration of organisational barriers in implementing its recommendations. This supporting information resolved the uncertainty around this criterion and was judged to be met.

5.3 (guidance is current, with review criteria for monitoring and/or audit): The external advisers agreed with the NHS Evidence accreditation assessment that there was uncertainty on this criterion. The criterion appears to address two issues: currency and monitoring/audit. Currency is met by the guidance producer, but there is uncertainty around monitoring/audit.

In its feedback the guidance producer explained that assessment of how practical and useful an audit tool is for each piece of guidance is done on a case by case basis. However the guidance producer did not provide the process of how this case by case assessment is done. Further information regarding the process used to decide whether an audit tool is required, and if so how this is developed or how an existing tool is chosen is required. After considering the guidance producer's feedback there is still some uncertainty around this criterion.

## **2.6.      *Reliability and trustworthiness***

Has the guidance producer submitted sufficient detailed information to evidence achievement of the domain criteria?

The guidance producer meets the criteria in this domain, described in 'CPHE Methods Manual 2009' and the 'CPHE Process Guide 2009'. Evidence for the application of these criteria was found in two examples of guidance (PH4: Community based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people, March 2007 and PH15: Reducing the rate of premature deaths from cardiovascular disease and other smoking related diseases: finding and

supporting those most at risk and improving access to services, September 2008). The external advisers agreed with this assessment.

### 3. Implementation

Following a final accreditation decision being made, guidance from the accredited producer will be identified on NHS Evidence by a graphic – the accreditation mark. The accredited guidance producer is also granted a royalty-free, worldwide licence to use the NHS Evidence accreditation mark in accordance with the Conditions and Terms of Use (<http://www.nice.org.uk/nhsevidence/?domedia=1&mid=5AE1D938-19B9-E0B5-D471CA81220F57DA>) for the duration of their accreditation for a category of evidence. Provided these conditions are complied with, a guidance producer's accreditation will last for three years from when NHS Evidence's decision to award accreditation is published on the NHS Evidence website.

Accredited guidance producers must take reasonable steps to ensure that processes approved by NHS Evidence are followed when generating the type of evidence for which they are accredited. Accredited guidance producers should have quality assurance mechanisms in place to ensure compliance with accredited procedures. Accredited guidance producers shall inform NHS Evidence of any change to a process which may impact on the fulfilment of the relevant accreditation criteria within 30 days of that change occurring.

## Appendix A: Advisory Committee members, external advisers and NHS Evidence accreditation team

### *NHS Evidence Advisory Committee Members*

The advisory committee is a standing advisory committee. The members have been appointed for a period of 18 months. This may be extended by mutual agreement to a further term of 3 years and up to a maximum term of office of 10 years. A list of the committee members who took part in the discussions for this accreditation decision appears below.

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.

Title	Name	Surname	Role	Organisation
Professor	Martin	Eccles	The William Leech Professor of Primary Care Research and Professor of Clinical Effectiveness	Institute of Health and Society
Ms	Amanda	Edwards	Head of Knowledge Services	Social Care Institute for Excellence (SCIE)
Mr	Lester	Firkins	Chair – James Lind Alliance – Strategy and Development Group	James Lind Alliance
Dr	Brian	Fisher	General Practitioner	NHS Alliance (GP and national patient/public lead)
Sir	Muir	Gray	Director of National Knowledge Service	NHS National Knowledge Service
Ms	Diane	Gwynne Smith	Head of Knowledge Management	Social Care Institute for Excellence (SCIE)
Professor	David	Haslam	National Clinical Advisor to the Care Quality Commission	Care Quality Commission
Dr	Bobbie	Jacobson	Director of London Health Observatory, Vice Chair of Association of PH Observatories	London Health Observatory
Dr	Monica	Lakhanpaul	Senior Lecturer in Child Health / Consultant Paediatrician	Health Education , Research and Development Unit (HERADU), University of Leicester
Professor	Stuart	Logan	Professor of Paediatric Epidemiology	The Peninsula College of Medicine
Professor	Nigel	Mathers	Professor of General Practice Sheffield, and RCGP	Northern General Hospital

Ms	Catherine	Mercer	Midwife	Royal Shrewsbury Hospital
Professor	Jon	Nicholl	Professor of Health Services Research	School of Health and Related Research (SchARR)
Professor	Sandy	Oliver	Professor of Public Policy, Deputy Director Social Science Research Unit	Cochrane Consumers and Communication Review Group, University of London
Dr	Carl	Parker	General Practitioner	Hartlepool and North Tees PCT
Mr	David	Pruce	Director of Practice and Quality Improvement	Royal Pharmaceutical Society of Great Britain
Professor	Stephen	Singleton	Medical Director / Regional Director of Public Health	North East Strategic Health Authority
Mrs	Julie	Wood	National Director for Practice Based Commissioning	NHS Alliance – commissioning function

### ***External Advisers for NICE CPHE accreditation application***

Hans de Beer, PhD, GRADE working group, Dutch Institute for HealthCare Improvement CBO, Utrecht, the Netherlands

Catherine Marshall, Honorary Patron, Guidelines International Network (GIN), New Zealand

### ***NHS Evidence accreditation team for NICE CPHE accreditation application***

Stephanie Birtles, Accreditation Technical Analyst, NHS Evidence, National Institute for Health and Clinical Excellence, Manchester, UK

Dr Paul Chrisp, Associate Director Accreditation, NHS Evidence, National Institute for Health and Clinical Excellence, Manchester, UK

## Appendix B: Overview Summary Table

<b>Domain</b>	<b>1</b> <b>Scope and purpose</b> is concerned with the overall aim of the guidance, the specific clinical questions and the target population.	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria appraise whether the guidance producer has a policy in place that requires them to explicitly detail:	
	1.1 The overall objective of the guidance	Green
	1.2 The clinical questions covered by the guidance	Green
	1.3 The patients and/or target audience to whom the guidance applies	Green
	1.4 That the producer ensures guidance includes clear recommendations in reference to specific clinical circumstances.	Green
<b>Domain</b>	<b>2</b> <b>Stakeholder involvement</b> focuses on the extent to which the guidance represents the views of its intended users.	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria consider whether the guidance producer has a policy in place that means it includes:	
	2.1 Individuals from all relevant professional groups	Green
	2.2 Patient representatives and seeks patients views and preferences	Green
	2.3 Representative intended users in developing guidance.	Green
<b>Domain</b>	<b>3</b> <b>Rigour of development</b> relates to the process used to gather and synthesise information and the methods used to formulate recommendations and update them.	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria consider whether the guidance producer has a clear policy in place that:	
	3.1 Requires the technical team to use systematic methods to search for evidence and provide details of the search strategy	Green
	3.2 Requires the guidance producers to state the criteria and reasons for inclusion or exclusion of evidence identified by the evidence review	Green
	3.3 Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty	Green
	3.4 Clarifies the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	Green
	3.5 Requires the guidance producers to balance the health benefits against the side effects and risks	Green
	3.6 Details the processes of external peer review	Green
	3.7 Mentions the process of updating guidance and maintaining and improving guidance quality	Green

<b>Domain</b>	<b>4 Clarity and presentation deals with the language and format of the guidance.</b>	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria appraise whether the guidance producer ensures that:	
	4.1 Their recommendations are specific, unambiguous and clearly identifiable	Green
	4.2 Different options for the management of the condition are clearly presented	Green
	4.3 The date of search, the date of publication or last update and the proposed date for review are clearly stated	Green
	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.	Green
<b>Domain</b>	<b>5 Applicability deals with the likely organisational, behavioural and cost implications of applying the guidance.</b>	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria measure whether the guidance producer routinely considers:	
	5.1 Publishing support tools to aid implementation of guidance	Green
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	Green
	5.3 That their guidance is current, with review criteria for monitoring and/or audit purposes within each product.	Yellow
<b>Domain</b>	<b>6 Editorial Independence</b> is concerned with the independence of the recommendations, acknowledgement of possible conflicts of interest, the credibility of the guidance in general and their recommendations in particular.	<b><i>Draft accreditation decision</i></b>
Criteria	These criteria measure whether the guidance producer:	
	6.1 Ensures independence from the funding body	Green
	6.2 Is transparent about the funding mechanisms for its guidance	Green
	6.3 Records and states any potential conflicts of interest of individuals involved in developing the recommendations	Green
	6.4 Takes account of any potential for bias in the conclusions or recommendations of the guidance	Green

## Appendix C: Additional information analysed

List of information taken into account in the accreditation analysis and considered by the Advisory Committee.

Document name	Description	Location
Methods Manual (second edition 2009)	A manual that explains how NICE CPHE develops guidelines	<a href="http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=F6A97CF4-19B9-E0B5-D42B4018AE84DD51">http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=F6A97CF4-19B9-E0B5-D42B4018AE84DD51</a>
Methods Manual (first edition 2006)	A manual that explains how NICE CPHE develops guidelines	<a href="http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=FB94F718-19B9-E0B5-D47631CAB75F08A4">http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=FB94F718-19B9-E0B5-D47631CAB75F08A4</a>
Process Guide (second edition 2009)	A guide that explains the process for how NICE CPHE develops guidelines	<a href="http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=F19547CD-A382-98E5-881C068B1EE45B24">http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=F19547CD-A382-98E5-881C068B1EE45B24</a>
Process Guide (first edition 2006)	A guide that explains the process for how NICE CPHE develops guidelines	<a href="http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=69EF40C5-19B9-E0B5-D458BAACDAD99C6B">http://www.nice.org.uk/phprocessandmethods?domedia=1&amp;mid=69EF40C5-19B9-E0B5-D458BAACDAD99C6B</a>
How to put NICE guidance into practice	Guide to aid implementation	<a href="http://www.nice.org.uk/usingguidance/implementationtools/howtoguide/145how_to_guide.jsp">http://www.nice.org.uk/usingguidance/implementationtools/howtoguide/145how_to_guide.jsp</a>
NICE policy on Equality and Diversity	NICE policy on Equality and Diversity	<a href="http://www.nice.org.uk/aboutnice/howwework/NICEEqualityScheme.jsp">www.nice.org.uk/aboutnice/howwework/NICEEqualityScheme.jsp</a>
All published public health guidance (March 2006 to date)	Full guidelines produced by the guidance producer	<a href="http://www.nice.org.uk/guidance/index.jsp?d-16544-s=3&amp;d-16544-o=2&amp;status=3&amp;d-16544-p=1&amp;action=byType&amp;type=4">http://www.nice.org.uk/guidance/index.jsp?d-16544-s=3&amp;d-16544-o=2&amp;status=3&amp;d-16544-p=1&amp;action=byType&amp;type=4</a>
All public health guidance in development	Full guidelines in development produced by the guidance producer	<a href="http://www.nice.org.uk/guidance/index.jsp?d-16544-s=2&amp;status=2&amp;d-16544-o=2&amp;d-16544-p=1&amp;p=off&amp;action=ByType&amp;type=4">http://www.nice.org.uk/guidance/index.jsp?d-16544-s=2&amp;status=2&amp;d-16544-o=2&amp;d-16544-p=1&amp;p=off&amp;action=ByType&amp;type=4</a>
Guideline PH4: Community based interventions to reduce substance abuse among	Guidance used as evidence to show if implementation of the process has taken place	<a href="http://guidance.nice.org.uk/PH4/Guidance/pdf/English">http://guidance.nice.org.uk/PH4/Guidance/pdf/English</a>



<b>Document name</b>	<b>Description</b>	<b>Location</b>
vulnerable and disadvantaged children and young people		
Guideline PH15: Reducing the rate of premature deaths from cardiovascular disease and other smoking related diseases: finding and supporting those most at risk and improving access to services	Guidance used as evidence to show if implementation of the process has taken place	<a href="http://www.nice.org.uk/nicemedia/pdf/PH015Guidance.pdf">http://www.nice.org.uk/nicemedia/pdf/PH015Guidance.pdf</a>
PH4 documents	A list of documents showing the different formats and versions of the guidelines produced for different audiences	<a href="http://guidance.nice.org.uk/PH4">http://guidance.nice.org.uk/PH4</a>
PH15 documents	A list of documents showing the different formats and versions of the guidelines produced for different audiences	<a href="http://guidance.nice.org.uk/PH15">http://guidance.nice.org.uk/PH15</a>
PH4: costing report	A costing report to aid implementation of the PH4 guideline	<a href="http://guidance.nice.org.uk/PH4/CostReport/pdf/English">http://guidance.nice.org.uk/PH4/CostReport/pdf/English</a>
PH15: costing report	A costing report to aid implementation of the PH15 guideline	<a href="http://guidance.nice.org.uk/PH15/CostReport/pdf/English">http://guidance.nice.org.uk/PH15/CostReport/pdf/English</a>
PH4: slide set	A slide set to aid	<a href="http://guidance.nice.org.uk/PH4/SlideSet/ppt/English">http://guidance.nice.org.uk/PH4/SlideSet/ppt/English</a>

Document name	Description	Location
	implementation of the PH4 guideline	
PH15: slide set	A slide set to aid implementation of the PH15 guideline	<a href="http://guidance.nice.org.uk/PH15/SlideSet/ppt/English">http://guidance.nice.org.uk/PH15/SlideSet/ppt/English</a>
Patient and Public Involvement Policy (PPIP)	Documents the makeup and process performed by the PPIP	<a href="http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patient_and_public_involvement.jsp">http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patient_and_public_involvement.jsp</a>
Public Health Interventions Advisory Committee (PHIAC)	Documents the makeup and process performed by the PHIAC	<a href="http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthinterventionsadvisorycommittee/public_health_interventions_advisory_committee.jsp">http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/publichealthinterventionsadvisorycommittee/public_health_interventions_advisory_committee.jsp</a>
Programme Development Groups (PDG)	Documents the makeup and process performed by the PDG	<a href="http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/programmedevelopmentgroups/programme_development_groups.jsp">http://www.nice.org.uk/aboutnice/howwework/developingnicepublichealthguidance/programmedevelopmentgroups/programme_development_groups.jsp</a>
PH4 Substance Misuse: effectiveness review – evidence tables	Evidence tables	<a href="http://www.nice.org.uk/nicemedia/pdf/word/Substance_misuse_Effectiveness_review_Evidence_Tables_PHIAC_5-3b_revised.doc">http://www.nice.org.uk/nicemedia/pdf/word/Substance_misuse_Effectiveness_review_Evidence_Tables_PHIAC_5-3b_revised.doc</a>
CPHE scope template	Template document used to assist in producing the scope	<a href="#">CPHE scope template</a>
CPHE programme guidance template	Template document used to assist in producing the guidance	<a href="#">CPHE programme guidance template</a>
CPHE intervention guidance template	Template document used to assist the PHIAC	<a href="#">CPHE intervention guidance template</a>
Board paper March 2009 - Post SMT version	Shows the updates from the 2006 to the 2009 versions of the process and methods documents	<a href="#">Board paper March 2009 - Post SMT version</a>