Producer:	**National Institute for Health and Clinical Excellence (NICE) Commissioning programme**
Product:	**Guides for commissioners**
Date:	**5 December 2011**

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[1].

Accreditation recommendation

The process used by the **National Institute for Health and Clinical Excellence** (NICE) commissioning programme to produce **guides for commissioners** has been accredited. Accreditation is valid for 5 years from **November 2011** and is retrospectively applicable to guidance produced using the processes described in 'Process manual for developing guides from NICE for commissioners: Information for internal NICE teams', August 2011.

Background to the guidance producer

The NICE commissioning programme was established in 2006 and is part of the wider implementation support strategy, whose aim is to promote the use of NICE guidance.

The guides for commissioners provide support for the local implementation of NICE clinical guidelines, public health guidance, and technology appraisals, and the attainment of NICE quality standards via the commissioning process. Guides for commissioners should be used with the relevant NICE guidance. NICE asks that patients' views are taken into account when making decisions about commissioning.

[1] http://www.evidence.nhs.uk/Accreditation/Documents/NHSEvidenceAccredManual.pdf

Summary

The Accreditation Advisory Committee considered that the processes used by the NICE commissioning programme to produce guides for commissioners complied with all 25 of the accreditation criteria.

The NICE commissioning programme processes are considered to be robust and comprehensive, as described in its process document, ‘Process manual for developing guides from NICE for commissioners: Information for internal NICE teams’ dated August 2011.

The NICE commissioning programme demonstrates rigorous development processes, high-quality stakeholder consultation, and transparency surrounding its funding mechanism.

Although criterion 4.4 is considered met (Guidance is suitable for the specified target audience), the advent of clinical commissioning groups means the language used in guides for commissioners should be reviewed. Language needs to be suitable for a new commissioning audience that includes lay representatives. At present the terminology used in guides is suitable for a professional audience but not lay people, despite the authoring template being produced with the support of the Patient and Public Involvement Programme.

The NICE commissioning programme is addressing lay-person involvement via its commissioning steering group (which includes lay representatives and the NICE Patient and Public Involvement Programme) through discussion and feedback on the current templates for commissioning products and the appropriateness of language used in presentations for the Topic Advisory Group (TAG). In addition, each guide for commissioners is to be reviewed by the TAG which includes lay representatives to ensure that the language used is appropriate and that the views of lay and patient groups have been taken into account. The policy is being implemented in guides and this improvement is welcomed.

In summary, the processes used by the NICE commissioning programme to produce guides for commissioners meet all of the accreditation criteria.

Suggestions to strengthen the NICE commissioning programme production processes include ensuring that the terminology used in new or updated guides is appropriate for lay representatives.

Professor David Haslam, CBE

Chair, Accreditation Advisory Committee

November 2011

Implementation

Following accreditation, guidance from the accredited producer will be identified by the Accreditation Mark. The accredited guidance producer is also granted a royalty-free, worldwide licence to use the Accreditation Mark in accordance with the Conditions and Terms of Use[2]. Providing these conditions are met, a guidance producer's accreditation will last for 3 years from publication of approval on the NHS Evidence website.

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 within 30 days if any significant change is made to a process.

Figure 1: The Accreditation Mark

[2] http://www.evidence.nhs.uk/Accreditation/Documents/NHSEvidenceConditions.doc

Appendix A: Accreditation analysis

The Accreditation Advisory Committee considered the following analysis of the guidance producer's compliance with the accreditation criteria, which covers six 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 manual[a] specifies the aims of the commissioning guide programme. The overall aim of the guides[b-e] for commissioners is given in a generic statement in all examples reviewed. Specific aims are also provided.	Criterion met
	1.2 The clinical, healthcare or social questions covered	There is a clear process[a] to address clinical, healthcare or social questions. Guides for commissioners address topics and offer direction to the user on important clinical and service-related issues that arise during the commissioning process. Guide examples[b-e] state commissioning questions.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The intended audience for guides according to the process manual is commissioning staff in Strategic Health Authorities (SHAs), primary care organisations, local health authorities and clinical commissioning groups[a]. The example guides[b-e] state their target audiences and population.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The process manual[a] states that it is important that guides meet the requirements of the target audience and support the implementation of guidance. The guide examples[b-e] show clear recommendations.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
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	It is clear from the process manual[a] that the Commissioning Steering Group (CSG) provides strategic direction to the programme and its membership comprises people with a national overview and experience of commissioning, people with a local perspective and those likely to be representative of end users. The Commissioning Reference Panel (CRP) is a pool of people with commissioning skills, from whom advice can be sought on the content of guides for commissioners. The group includes experienced health and social care commissioners, GP commissioners, public health experts and people involved in quality improvement. A Topic Advisory Group (TAG) is set up for each guide developed. Members are commissioning experts from the CRP experts from public health, topic-specific clinical areas and social care, and national programme and policy leads from the Department of Health. The CSG already includes lay members and patients are also recruited as TAG members. The patient and public involvement programme (PPIP) at NICE is recruiting lay people to the TAGs on behalf of the commissioning team. The guide examples[b-e] give details of the roles and responsibilities of the TAG members.	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	The process manual[a] states that a commissioning and benchmarking (CAB) tool can be used to engage with stakeholders and end users and to ensure that services are patient centred. Two lay representatives are members of the CSG and all the published commissioning guides are underpinned by NICE guidance which has patient representation on its guideline development groups. All the guides[b-e] instruct commissioners to seek patient and carers' views when reviewing and planning services at a local level.	Criterion met
	2.3 Representative intended users in developing guidance.	The target users of the guides are part of the membership of the CSG, the CRP and the TAG, according to the process manual[a]. Feedback obtained from end users helps to identify further topics. The example guides[b-e] all state their intended users.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
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	Medline, Embase and PsychInfo are searched, according to the process manual[a]. Hospital Episode Statistics (HES) data, GP practice systems, epidemiological data, published research, national and local audit information and expert clinical opinion are also evaluated. An example search strategy is given in the process manual. Guide examples[b-e] do not directly provide evidence of search criteria. However, the initial search data for clinicial evidence is provided in the corresponding NICE clinical guideline.	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[a] states that the population should be defined by variables such as age, gender, ethnicity and deprivation. The first step involves identifying a population benchmark to determine the population to which the guide will relate. It is important to look at the date of publication when evaluating papers for inclusion in the commissioning guides as those addressing the delivery of services can quickly become out of date. Data from overseas papers are unlikely to be applicable to the NHS. Guide examples[b-e] do not directly provide evidence of the inclusion and exclusion criteria. However, the full clinical guideline relating to each guide specifies the inclusion and exclusion criteria for evidence reviewed by the search.	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 strength and limitations of the evidence base are considered by the process manual[a]. The example guides[b-e] specify where there are uncertainties in the evidence base. The strengths and weaknesses of the guides are assessed, as well as those assessed during guidance development.	Criterion met
	3.4	Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	Consensus of opinion by the TAG is the method used to arrive at commissioning recommendations, according to the process manual[a].	Criterion met
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The recommendations made in the clinical guidance inform commissioning guide content. The process manual[a] describes how NICE recommendations are used to inform the service components within each section of the commissioning guide. The project team and TAG consider the health benefits, side effects and risks in formulating service components. Issues that occur while commissioning public health, health and social care services are considered at the scoping stage and beyond for each topic.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.6	Describes the processes of external peer review	The policy for peer review is addressed throughout the process manual[a]. A checklist shows that the key stage for external review is in phase 2 of the guide production process. Comments from the TAG meeting and the external review are recorded, stored and responded to in a comments table.	Criterion met
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	According to the process manual[a], review dates are not publicised because the decision to review and update a guide depends on several factors, some of which are outside the control of the commissioning team. The guides can be updated on an ad-hoc basis if new information becomes apparent. The example guides[b-e] do not specify updating information but relevant details appear on the guidance producer's website. The date of initial publication of each guide and its last update is shown. For guides in development, the expected publication date is specified. The process manual itself is reviewed annually to ensure it stays up to date.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
Clarity and presentation	**Does the guidance producer ensure that:**			
	4.1	Recommendations are specific, unambiguous and clearly identifiable	The example guides[b-e] provide specific and clearly identifiable recommendations and the process manual[a] supports this.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The process manual[a] explains what commissioners should do when alternative treatment options are available. If there is evidence for providing more than one service intervention it is clearly shown. Where relevant, commissioning guide examples[b-e] suggest more than one approach to treating or managing a condition.	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 manual[a] and the commissioning guidance web pages detail the date of initial publication and last update. The guides[b-e] also state the date of initial publication. The date of search is recorded in the quality assurance checklists used by the authoring team. Guide review dates depend in part on factors outside the control of the costing and commissioning team and therefore this information is not publicised.	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 guides for commissioners are written for an audience of commissioners, using plain English because not all commissioners have a clinical background[a]. The development of clinical commissioning groups necessitates that guides are also suitable for lay representatives and the guidance producer intends to address this via its CSG (which includes lay representatives and the NICE Patient and Public Involvement Programme. Each guide[b-e] will be reviewed by the TAG, which includes lay representatives to ensure that the language used is appropriate and that the views of lay and patient groups have been taken into account. Implementation of this new process is in progress and the criterion is considered to be met.	Criterion met
Applicability	**Does the guidance producer routinely consider:**		
	5.1 Publishing support tools to aid implementation of guidance	The process manual[a] states that the guides should direct readers to implementation support tools such as slide sets, costing tools and bespoke tools. The process manual shows how the commissioning team encourages implementation of the guides through initiatives such as speaking at conferences, writing articles for journals, supporting workshops and other events. The example guides[b-e] all contain tools as and when required.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The process manual[a] requests commissioners consider questions that relate to demography, such as cost and other barriers to implementing recommendations. Example guides[b-e] address financial and organisational barriers as and when required. Guides can help financial modelling by suggesting the use of a CAB tool to cost local service provision. Tools offer data for comparison against benchmarks to predict the level of service required at a local level. The cost of local commissioning decisions can be estimated from the level of commissioned activity estimated from HES data.	Criterion met
	5.3 Review criteria for monitoring and/or audit purposes within each product.	The process manual[a] explains that guides include audit and monitoring support. It includes a guide template of a contract service specification outlining the main areas that commissioners address, including audit and monitoring requirements. Guide examples[b-e] state that local and national audits and monitoring should be performed to assess the quality of the services commissioned.	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	NICE is an independent organisation funded by the Department of Health. Recommendations for each guide are decided by an independent TAG and the names and employing organisations are provided. The membership is drawn from independent commissioning experts who are members of the CRP.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	6.2	Demonstrate transparency about the funding mechanisms for its guidance	The funding mechanism is transparent. The Evidence and Practice Directorate is part of NICE and is therefore funded by the Department of Health. The way this funding is allocated is detailed in the organisation's annual report (including NICE's accounts) available from the website[f].	Criterion met
	6.3	Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The process manual[a] explains that membership of the TAG is required to complete a declaration of interests and advisory body monitoring form. The terms of reference for the TAG are shown in the process manual.	Criterion met
	6.4	Take account of any potential for bias in the conclusions or recommendations of the guidance	The potential for bias has been accounted for via a combination of the strong conflict of interest policy, involvement of multidisciplinary teams in developing guides and good review and audit approaches. A transparent funding mechanism and editorial independence also help to prevent bias.	Criterion met

[a] Process manual for developing guides from NICE for commissioners: Information for internal NICE teams, August, 2011

[b] Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults: Commissioning guide: Implementing NICE guidance, Draft, July, 2011, Published August 2011

[c] End of life care for people with dementia: Commissioning guide: Implementing NICE guidance, June, 2010

[d] The management of lower urinary tract symptoms in men: Commissioning guide: Implementing NICE guidance, September, 2010

[e] Biologic drugs for the treatment of inflammatory disease in rheumatology, dermatology and gastroenenterology: Commissioning guide: Implementing NICE guidance, December, 2010

[f] www.nice.org.uk/website/sitemap.jsp

Appendix B: Bibliography

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

Document name	Description	Location
Process manual for developing guides from NICE for commissioners: Information for internal NICE teams, August 2011	Process manual	Supplied
Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults: Commissioning guide: Implementing NICE guidance, Draft, July, 2011, Published August 2011.	Draft guidance sample (provided by guidance producer)	Draft document supplied to write overview but guide is now published at www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp
End of life care for people with dementia: Commissioning guide: Implementing NICE guidance, June, 2010	Guidance example (arbitrarily downloaded)	www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp
The management of lower urinary tract symptoms in men: Commissioning guide: Implementing NICE guidance, September 2010	Guidance example (arbitrarily downloaded)	www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp
Biologic drugs for the treatment of inflammatory disease in rheumatology, dermatology and gastroenterology: Commissioning guide: Implementing NICE guidance, December 2010	Guidance example (arbitrarily downloaded)	www.nice.org.uk/usingguidance/commissioningguides/bytopic.jsp

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

Accreditation Advisory Committee

The Accreditation 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 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 NICE 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 Accreditation Advisory Committee membership is available on the NICE website[3]. 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
Ms	Judy	Birch	Lay member	
Mr	Jim	Blair	Consultant Nurse Learning Disabilities	St. George's Healthcare NHS Trust

[3] http://www.nice.org.uk/nhsevidence/nhseac.jsp

Dr	Adrian	Brown	Consultant in Public Health Medicine	Inner North West London PCTs
Professor	Ann	Caress	Professor of Nursing/Director of postgraduate research programmes	University of Manchester
Ms	Lynda	Cox	Head of Transformation	NHS North East
Ms	Ailsa	Donnelly	Lay member	
Ms	Amanda	Edwards	Deputy Chief Executive	Social Care Institute for Excellence
Professor	David	Haslam	National Clinical Adviser	Care Quality Commission
Dr	Leonard	Jacob	GPSI and Hospital Practitioner - Cardiology	NHS Rotherham
Dr	Monica	Lakhanpaul	Consultant Community Paediatrician/Senior Lecturer in Child Health	Leicester City Community Children's Health Services/University of Leicester
Dr	Donal	O'Donoghue	National Clinical Director for Kidney Care & Consultant Renal Physician	Salford Royal NHS Foundation Trust
Dr	Karen	Ritchie	Head of Knowledge Management	Healthcare Improvement Scotland
Professor	Sasha	Shepperd	Professor of Health Services Research	University of Oxford
Dr	Peter	Smith	Vice President	National Association of Primary Care
Dr	Mark	Strong	Medical Research Council Fellow	School of Health and Related Research (ScHARR) University of Sheffield
Ms	Gill	Swash	Head of Knowledge and Library Services	NHS Western Cheshire
Dr	Sara	Twaddle	Director	Scottish Intercollegiate Guidelines Network

Advisory Committee deputies

Title	Name	Surname	Role	Organisation	Deputising for
Ms	Rebecca	Rees	RCUK Academic Fellow	Social Science Research unit, University of London	Sandy Oliver

External Advisers for NICE guides for commissioners accreditation application

Angela Hassiotis, Reader and Consultant Psychiatrist in Intellectual Disabilities, Camden and Islington Foundation Trust. University College London, UK.

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