NICE National Institute for Health and Care Excellence

Guidance producer:	**National Institute for Health and Care Excellence (NICE)**
Guidance product:	**Multiple Technology Appraisal (MTA)**
Date:	**10 December 2015**
Version:	**1.5**

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 renewed accreditation of the process used by the **National Institute for Health and Care Excellence (NICE)** to produce **Multiple Technology Appraisal (MTA) Guidance**. The renewed accreditation is valid until **31st March 2020** and applies to guidance produced using the processes described in the '**Guide to the processes of technology appraisal, Sept 2014** and **Guide to the methods of technology appraisal, Apr 2013.** The original accreditation term began on **10 September 2009.**

Background to the guidance producer

The Department of Health commissions NICE to develop guidance in the form of technology appraisals. The Centre for Health Technology Evaluation in NICE develops guidance on the use of new and existing medicines, treatments and procedures within the NHS.

Most topics are identified by the National Institute for Health Research Horizon Scanning Centre (Birmingham) which notifies NICE about new and emerging technologies that could be appropriate for NICE technology appraisal.

NICE has two appraisal processes: The single technology appraisal **(**STA) process and the multiple technology appraisal (MTA) process. This accreditation decision only

applies to the process to produce MTA's. The STA process has already been assessed by a separate accreditation application.

The Appraisal Committee submits its recommendations to NICE in either an appraisal consultation document (ACD) or a final appraisal determination (FAD). Generally the Appraisal Committee produces an ACD only if its initial recommendations are considerably more restrictive than the terms of the marketing authorisation of the technology being appraised. If the Committee does produce an ACD, then NICE invites consultees, commentators and the public to comment on it. After considering these comments, the Committee concludes its recommendations and submits them to NICE in the form of a FAD. The FAD forms the foundation of the guidance that NICE issues to the NHS.

This is a decision on renewal of accreditation, which was originally granted on 10 September 2009. The assessment has been made without reference to the original application, on the basis of an updated process and recent examples of implementation. Since the original decision the accreditation process has been updated. The wording of the criteria used in the assessment has not changed, but expectations in fulfilling some of these have been increased. The detailed expectations for different types of guidance are described in appendix A of the Accreditation process manual.

Summary

The Accreditation Advisory Committee considered that the processes used by NICE to produce their Multiple Technology Appraisal (MTA) guidance complied with 23 of the 25 accreditation criteria. All current and future guidance will be available via the NICE TA webpage.

The processes used to develop guidance is detailed in the 'Guide to the processes of technology appraisal, Sept 2014' and 'Guide to the methods of technology appraisal, Apr 2013'.

The overall objectives, clinical questions, target population and audience are defined. Clear recommendations are provided and guidance development includes a

multidisciplinary group of healthcare professionals and patient representatives. Representatives from the intended target user groups are involved in developing guidance. Guidance is developed systematically and a process for inclusion and exclusion criteria is in place. The strengths and limitations of the evidence base are described and any areas of uncertainty are acknowledged. Decisions are normally reached via consensus. External peer review (consultation) is performed. A policy for both scheduled and unscheduled updates is in place. The language, content and format of the guidance is appropriate for the target audience and support tools are available to help with implementation. Barriers to implementation are considered. The guidance producer is editorially independent from the funding body and the funding mechanism is transparent. The conflict of interest policy is comprehensive.

Recommendations to improve the processes used to produce Multiple Technology Appraisal guidance includes:

- All MTA's should include an explicit statement confirming the method used to derive recommendations, indicate the method used to resolve any disagreements or state that no disagreements occurred
- An appropriate process be developed and implemented for ensuring review criteria for audit and monitoring are included in all MTA's.

Dr Mahendra Patel

Vice Chair, Accreditation Advisory Committee

November 2015

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 a further 5 years from the expiry of the previous accreditation term. Guidance already produced under the previous accreditation decision continues to be accredited.

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 Methods guide[1] specifies that the overall aim of the MTA programme is to appraise the health benefits and costs of technologies advised by the Secretary of State for Health and to make recommendations to the NHS. Specific aims are provided in the MTA[2] example and in the final scopes[3,4].	Criterion met
	1.2 The clinical, healthcare or social questions covered	The Methods guide[1] states that the questions that each technology appraisal should cover are included in the scope for each appraisal. The MTA[2] and the final scopes[3,4] specify the clinical questions to be addressed.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The Methods guide[1] states that the patient population should be defined in the scope for each appraisal along with the health condition and setting such as hospital or community where the technology is used. An implied target audience for MTA's is provided in the Process guide[5] as clinical commissioning groups, NHS England and the public health function within local authorities. The MTA[2] and final scopes[3,4] state the patient populations they are applicable to and their target users (local commissioners and providers).	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The Methods guide[1] and Process guide[5] stipulate that the conclusions (recommendations) made in MTA's should be clear for specific clinical circumstances. The MTA example[2] is produced using consistent methods that follow the process with key conclusions clearly stated.	Criterion met
Stakeholder	**Does the guidance producer have a policy in place and adhered to that means it includes:**		

	Criterion	Evidence for meeting the criterion	Accreditation decision
involvement	2.1 Individuals from all relevant stakeholder groups, including patient groups, in developing guidance	The Process guide[5] described the multidisciplinary participants including lay people who form the Appraisal Committees and who examine the evidence to produce the recommendations for MTA's. The Methods guide[1] states that an Appraisal Committee considers the evidence and analyses produced along with the information provided by consultees, commentators, clinical experts, patient experts and commissioning experts. The example MTA[2] provides the names and professional role of the Appraisal Committee members and the organisations who were invited to act as consultees and commentators on the draft scope, the independent assessment group (AG) report and the ACD during the appraisal of each technology.	Criterion met
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	The Process guide[5] states that national groups representing patients and carers are selected by the Appraisal Committee Chair from nominations provided by consultees and commentators. Patient experts have used the technology personally or as part of a representative group. Patient experts attend the committee as individuals; they could have personal experience of the condition, and possibly the technology, or be a member of a patient or carer organisation for the condition being evaluated. The Process guide[5] explains that the Public involvement programme (PIP) at NICE supports the appraisal process by helping patient and carer consultee organisations and patient experts. The MTA example[2] shows the names of the patient experts and the organisations they represented at the committee appraisal.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	2.3 Representative intended users in developing guidance.	The intended users of MTA's are healthcare professionals and commissioners of NHS services according to the Process guide[5] and Methods guide[1]. The Process guide[5] states that the AG produces a review of the evidence submission and that consultees provide information and selected clinical experts, NHS commissioning experts and patient experts also give evidence. The example MTA[2] states the intended users are local commissioners and providers.	Criterion met
Rigour of	**Does the guidance producer have a clear policy in place that:**		

	Criterion		Evidence for meeting the criterion	Accreditation decision
development	3.1	Requires the guidance producer to use systematic methods to search for evidence and provide details of the search strategy	The TA webpage confirms that there is no dedicated company submission template for the MTA process however manufacturers have the option to use the 'STA: User guide for company evidence submission template, Published: 08 January 2015'[6] and 'STA: Company evidence submission template'[7] should they wish to submit a Company submission. The Process guide[5] states that the MTA begins when NICE invites consultees (which includes manufacturers) and commentators to take part in the appraisal and asks relevant consultees to provide a Company submission. If the manufacturer(s) submit a company submission then the User guide[6] and the 'Specification for manufacturer/sponsor submission of evidence' are completed. A list of databases searched is required (Medline, Embase and the Cochrane Library as a minimum). Search strategies should be provided in an appendix. The Company submission[8] and Assessment report[9] for the MTA example details the search for evidence by listing the electronic databases searched. The full searches are also clearly available from within these documents along with timeframes.	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	The Methods guide[1] states that each study identified should be evaluated to see if it meets the inclusion and exclusion criteria. The User guide[6] states that the study selection process should be transparent and tables for all study types using headings of population, intervention, comparators, outcomes (PICO), and study design and language restrictions should be provided. The numbers of studies included and excluded at each stage of the evaluation should be presented in a flow diagram using a validated method such as PRISMA. The Company submission[8] for the MTA confirms that the screening of studies was undertaken and the number of studies included and excluded is shown.	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 Methods guide[1] and User guide[6] state that the available evidence should be critically appraised and the strengths and limitations of the evidence should be discussed. The Process guide[5] states that when a Company submission is produced for an MTA it should be a comprehensive and structured report of all relevant information for an appraisal. It should address the issues highlighted in the final scope. All submissions are forwarded to the AG who then prepares an assessment report. The User guide[6] states that the strengths and limitations of the clinical evidence for the technology should be discussed. This should include providing a statement on the internal and external validity of the studies included in the evidence and identifying any issues that could influence the external validity of study results to patients. The Company submissions[8] and Assessment report[9], for the example MTA[2] along with the content of the MTA specify when strengths, limitations and uncertainties in the evidence base are present.	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 guide[5] states that when the Appraisal Committee discusses the evidence base for a technology, decisions are derived from a consensus of the members. If consensus is not possible a vote is taken and this is noted in the minutes of the meeting. The Appraisal Committee does not recommend treatments if they are not cost effective or if efficacy is not confirmed. The Assessment report[9], Company submissions[8], MTA[2] or the example scopes[3,4] do not explicitly state that consensus is the method used to derive recommendations or explain how any disagreements were resolved such as through the use of voting methods.	Not fully met
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The Methods guide[1] states that when the Appraisal Committee sets recommendations it should consider the balance between the benefits and costs. The Appraisal committee bases its decision making process on a synthesis of the evidence by considering the health benefits, side effects and risks. The example MTA[2] and the final scopes[3,4] show that the benefits, side effects/adverse effects and risks are considered when setting recommendations.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	3.6 Describes the processes of external peer review	The Process guide[5] outlines the policy for external peer review (termed consultation - which is undertaken by consultees, commentators, NHS commissioning experts, Clinical experts and Patient experts). NICE publishes the report on its website 5 working days after it is circulated to consultees and commentators. Comments are presented along with any responses from NICE or the AG, to the Appraisal Committee and NICE then publishes them on its website as part of the committee papers. The example MTA[2] lists who reviewed the ACD including, consultees, commentators and NHS commissioning experts. The individuals selected from clinical expert and patient expert nominations from the consultees and commentators were also shown in the MTA[2]. They participated in the Appraisal Committee discussions and provided evidence to inform the Appraisal Committee's deliberations. They gave their expert personal view, on the technologies for treating ulcerative colitis after the failure of conventional therapy, and were also invited to comment on the ACD.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	The Process guide states[6] that when MTA's are published the timeframe for updating varies across the different MTA's produced and is dependent on any newly available evidence. MTA's can be reviewed prior to the suggested review date when significant new evidence is expected to change the recommendations such as a change in clinical or cost effectiveness. The impact of the new evidence is assessed against the current recommendations and if required an update can be undertaken; an appraisal can be carried out to combine the published guidance with other guidance or update the published guidance with other guidance producing centres. If no update is needed to an MTA it is regarded as static guidance. The MTA example[2] states that it will be considered for review 3 years after initial publication.	Criterion met
Clarity and presentation	**Does the guidance producer ensure that:**			
	4.1	Recommendations are specific, unambiguous and clearly identifiable	The Methods guide[1] states that the language and style used in MTA's needs to be clear and easy to understand especially the summary of key issues and the conclusions drawn. The example MTA[2] is clear, concise and specific.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The Process guide[5] states that MTA's are designed to appraise single or multiple technologies, with 1 or more related indications. The example MTA[2] compares infliximab, adalimumab and golimumab for treating ulcerative colitis after the failure of conventional therapy. The final scopes[2,3] also appraise multiple technologies.	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 guide[5] states that when MTA's are published a suggested timeframe for their review should be provided. The dates that searches were undertaken and date span can be confirmed from the Company submission[8] and Assessment report for the example MTA. The example MTA[2] states the date of publication. According to the MTA examples[2] the timeframe for scheduled review is 3 years after the publication date.	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 guide[5] implies the target audience for MTA's by stating, 'The Regulations require clinical commissioning groups, NHS England and, with respect to their public health functions, local authorities, to comply with NICE technology appraisal guidance'. The example MTA[2] is suitable for its target users namely local commissioners and/or providers. Information for the public about the MTA is available from http://www.nice.org.uk/guidance/TA329/informationforpublic	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	The Methods guide[1] states that costing tools allow NHS organisations to assess the impact guidance will have on local budgets. This includes costing tools or statements for most technology appraisals. The Process guide[5] explains that costing tools comprise of a costing report and template to support organisations assessing the financial impact of implementing NICE guidance. MTA (TA 329)[2] states that a costings tool explaining the resource impact of the guidance, has been developed to help organisations put the recommendations into practice.	Criterion met
	5.2	Discussion of potential organisational and financial barriers in applying its recommendations	The Process guide[5] states that one of the aims of the topic selection process is to consider whether the technology will have a significant impact on NHS resources if given to all patients for whom it is indicated. The Methods guide[1] states that where a treatment is recommended to be funded by the NHS, the Regulations require that the health service must implement it within three months, unless particular barriers to implementation are identified within that period. Implementing a new technology has implications on NHS resources which could include staff numbers and hours, training and education, support services (such as laboratory tests), service capacity and facilities (hospital beds, clinic sessions etc.). The Methods guide[1] states that estimates of net NHS costs of the likely resource impact should be provided to facilitate effective financial planning at a national and local level. Implementation of the process is clear from the example MTA[2].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 Review criteria for monitoring and/or audit purposes within each product.	The Methods guide[1] states that NICE provides advice and tools to support the local implementation of its guidance. The Process guide[5] defines the role of the Audit lead for the MTA programme. As NICE no longer has a clinical audit team, the Institute can no longer provide audit support for technology appraisals, and so it is not possible to implement the stated process for audit. The example MTA[2] does not include auditing or monitoring criteria. In addition the guidance producer has not stated parameters in MTAs that could be audited against or how monitoring could be undertaken. The recent developments surrounding the use of the innovation scorecard and the uptake database are welcomed. However the Process guide[1] and Methods guide[5] has not yet been updated to reflect these changes and the MTA example does not suggest the use of the innovation scorecard or uptake database.	Criterion not met
Editorial	**Does the guidance producer:**		

	Criterion		Evidence for meeting the criterion	Accreditation decision
independence	6.1	Ensure editorial independence from the funding body	It can be confirmed from the Methods guide[1] that recommendations are set by the Appraisal Committee which is an independent advisory committee commissioned by the NHS Research and Development Health Technology Assessment (HTA) programme. The AG is an independent group, which reviews the submission provided by the manufacturer or sponsor of a technology. The Methods guide[1] states that Appraisal Committee members are recruited from the NHS, those with lay backgrounds, academia, and pharmaceutical and medical devices industries. The Department of Health also takes part in the appraisal (as a Consultee) and its comments are taken into account in the same way as any other stakeholder. This helps to increase transparency of decision making.	Criterion met
	6.2	Demonstrate transparency about the funding mechanisms for its guidance	The Annual accounts and business plans are published on the NICE website http://www.nice.org.uk/about/who-we-are/corporate-publications'. The funding source for the example MTA[2] and its Assessment report is transparent.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The Process guide[5] states that committee members and individuals such as clinical experts, commissioning experts, patient experts and NICE staff declare all interests. These interests are recorded in the minutes of the committee meeting. The Process guide[5] states that all individuals attending Appraisal Committee meetings should declare personal, non-personal, financial and non-financial interests they have in the technology being discussed. The 'NICE Policy on Conflicts of Interest'[10] describes how conflicts of different kinds are managed, recorded and made available to end users. The chair of each committee must not have any conflict pertaining to the topic being considered. The example MTA[2] states that committee members were asked to declare all interests in the technology to be appraised. If a conflict of interest is discovered, the member is excluded from any further involvement in the appraisal. The minutes for Appraisal Committee meetings include the name of the members who attended and their declarations of interests are displayed on the NICE website.	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 Methods guide[1] states that the evidence submitted to the Appraisal Committee should be analysed in a manner that is methodologically sound to minimise the potential of bias. Potential bias is reduced by the public consultation and input from a broad range of interested parties and the comprehensive conflict of interests policy. The potential for bias affecting the conclusions made in MTAs is further reduced by undertaking comprehensive searches, clear inclusion and exclusion criteria, the involvement of a multidisciplinary Appraisal Committee, external AG, thorough updating policy, editorial independence and transparency of funding.	Criterion met

Criterion	Evidence for meeting the criterion	Accreditation decision
Documents referenced above: 1. Guide to the methods of technology appraisal, Published: 04 April 2013 2. MTA (TA 329) - Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262) (Issued: February 2015) 3. Final scope for ID 346 - Kidney transplantation (children, adolescents) - immunosuppressive regimens (review of TA99): final scope (Issued: July 2014; Anticipated publication date: January 2016) 4. Final scope for ID 456 - Immunosuppressive therapy for kidney transplantation in adults (review of TA 85) (Issued July 2014; Anticipated publication date: February 2016). 5. Guide to the processes of technology appraisal (Published: 02 September 2014) 6. User guide for company evidence submission template, Published: 08 January 2015 7. Company submission template 8. Company submission 9. Technology Assessment Report commissioned by the NIHR HTA Programme on behalf of NICE. Title: Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262): Clinical effectiveness systematic review and economic model 10. NICE Policy on Conflicts of Interest		

Appendix B: Bibliography

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

Document name	Description	Location
Guide to the processes of technology appraisal, Published: 02 September 2014	Process documentation	http://www.nice.org.uk/article/pmg19/chapter/Acknowledgements
Guide to the methods of technology appraisal, Published: 04 April 2013	Process documentation	http://publications.nice.org.uk/pmg9
User guide for company evidence submission template, Published: 08 January 2015	STA Process documentation that is optional for manufacturer to use for MTA's	http://www.nice.org.uk/article/pmg24
Company evidence submission template	STA Process documentation that is optional for manufacturer to use for MTA's	https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/specification-for-company-submission-of-evidence-2015-version.docx
MTA (TA 329) - Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262) (Issued: February 2015)	Guideline sample	http://www.nice.org.uk/guidance/ta329
Final scope for ID 346 - Kidney transplantation (children, adolescents) - immunosuppressive regimens (review of TA99): final scope (Issued: July 2014; Anticipated publication date: January 2016)	Final scope	http://www.nice.org.uk/guidance/GID-TAG255/documents/kidney-transplantation-children-adolescents-immunosuppressive-regimens-review-of-ta99-final-scope2

Final scope for ID 456 - Immunosuppressive therapy for kidney transplantation in adults (review of TA 85) (Issued July 2014; Anticipated publication date: February 2016).	Final scope	http://www.nice.org.uk/guidance/GID-TAG348/documents/kidney-transplantation-adults-immunosuppressive-therapy-review-of-ta-85-final-scope2
Technology Assessment Report commissioned by the NIHR HTA Programme on behalf of NICE. Title: Infliximab, adalimumab and golimumab for treating moderately to severely active ulcerative colitis after the failure of conventional therapy (including a review of TA140 and TA262): Clinical effectiveness systematic review and economic model	Assessment report for TA 329	http://www.nice.org.uk/guidance/ta329/resources/ulcerative-colitis-moderate-severe-infliximab-review-ta140-adalimumab-review-ta262-golimumab-2nd-line-id695-evaluation-report-part12

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
Ms	Judy	Birch	Lay member	
Mr	Richard	Brownhill	Quality and Performance Lead (interim)	Royal Bolton Hospitals Trust
Professor	Ann	Caress	Professor of Nursing	University of Manchester

				and UHSM NHSFT
Ms	Lynda	Cox	Knowledge and Information Lead	NHS England
Ms	Ailsa	Donnelly	Lay member	
Ms	Joyce	Epstein	Lay member	
Dr	Elvira	Garcia	Consultant in Public Health Medicine	Locum
Ms	Diana	Gordon	Company Director	DRG Consultants
Ms	Barbara	Graham	Information Consultant/Senior Health Economist, Public Health and Intelligence	NHS Scotland
Ms	Angela	Green	Lead Clinical Research Therapist	Hull and East Yorkshire Hospitals NHS Trust
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Dr	Mahendra	Patel	Principal Enterprise Fellow in Pharmacy	University of Huddersfield
Ms	Mandy	Sainty	Social Care Practitioner	Research and Development Manager, College of Occupational Therapists
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland

External Advisers for this accreditation application

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NICE Accreditation team for this accreditation application

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