NICE National Institute for Health and Care Excellence

Guidance producer:	**National Institute for Health and Care Excellence (NICE): Technology Appraisals**
Guidance product:	**Single Technology Appraisal (STA)**
Date:	**24 September 2015**
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Final Accreditation Report

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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** to produce **Single Technology Appraisal (STA) 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

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 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 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.

NICE has two appraisal processes: STA process and the multiple technology appraisal (MTA) process. This accreditation decision only applies to the process to produce STAs. The MTA process will be assessed by a separate accreditation application.

An independent assessment group known as the Evidence Review Group (ERG) is commissioned by the NHS Research and Development Health Technology Assessment (HTA) programme to produce an independent assessment of the evidence submitted by the manufacturer or sponsor of the technology being appraised within the STA process.

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.

Summary

The Accreditation Advisory Committee considered that the processes used by NICE to produce their Single Technology Appraisal (STA) guidance complied with 21 of the 24 applicable accreditation criteria. All current and future guidelines will be available via the NICE TA webpage.

The processes used to develop guidance are 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 guideline development includes a multidisciplinary group of healthcare professionals and patient representatives. Representatives from the intended target user groups are involved in developing

guidelines. Guidelines are 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. A policy for both scheduled and unscheduled updates is in place. The language, content and format of the guidelines are 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 Single Technology Appraisal guidance include:

- Full evidence search strategies for each appraisal should be available for users on the NICE website
- Processes for peer review of guidance should ensure feedback external to NICE is received.
- An appropriate process be developed and implemented for ensuring review criteria for audit and monitoring are included in all STA's.

Professor Donal O'Donoghue

Acting Chair, Accreditation Advisory Committee

September 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 STA 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 on page 2 of each STA[2,3] example and in the final scope[4,5] for each STA.	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 Final scopes[4,5] for each example STA 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 STAs is provided in the Process guide[6] as clinical commissioning groups, NHS England and the public health function within local authorities. The final scope[4,5] for each STA states 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[6] stipulate that the conclusions (recommendations) made in STAs should be clear for specific clinical circumstances. Both STA examples[2,3] are 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[6] described the multidisciplinary participants including lay people who form the Appraisal Committees and who examine the evidence to produce the recommendations for each STA. 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 STAs[2,3] provide 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 ERG 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[6] 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[6] explains that the Public involvement programme (PIP) at NICE supports the appraisal process by helping patient and carer consultee organisations and patient experts. STA examples[2,3] show 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 STAs are healthcare professionals and commissioners of NHS services according to the Process guide[6] and Methods guide[1]. The Process guide states that the ERG 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 STAs[2,3] state the intended users are local commissioners and providers.	Criterion met
Rigour of development	**Does the guidance producer have a clear policy in place that:**		
	3.1 Requires the guidance producer to use systematic methods to search for evidence and provide details of the search strategy	The Process guide[6] states that the manufacturer is asked to provide an evidence submission using a 'Company evidence submission' template[7]. 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[8,9] documents for the STA examples detail the search for evidence. It is stated in the Company submission[8,9] documents that full details of the search strategies can be found in the appendices but this information cannot be located.	Not fully 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[10] 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[8,9] for each STA confirms that the screening of studies was undertaken and the number of studies included and excluded is shown.	Criterion met
	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[10] state that the available evidence should be critically appraised and the strengths and limitations of the evidence should be discussed. The Process guide[6] states that the ERG critically evaluates the evidence supplied in the Company submission[7,8] and produces an ERG report which is sent back to the company for feedback prior to presentation at an Appraisal Committee. When the evidence base is uncertain the ERG sometimes recommends NICE to request additional information from the manufacturer, or it can carry out its own analyses. The Company submissions[8,9] and the example STAs[2,3] 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[6] 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. Example minutes from an Appraisal Committee meeting shows that on the rare occasions that consensus cannot be achieved voting is required.	Criterion 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. A total quality adjusted life year (QALY) gain is predicted. The information about the QALY gain is accessible in the STA examples[2,3].	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.6	Describes the processes of external peer review	The Process guide[6] states that NICE identifies a broad range of consultees and commentators to assess the Appraisal Committee's preliminary recommendations for the technology under consideration. The Evidence Review Group (ERG) report only critiques the company submission and is not considered to be independent peer review. The evaluation of the company submission and the check conducted by the NICE Guidance Executive does not equate to being external peer review. Where an ACD is produced the consultation on the document should not be regarded as formal peer review although there is an opportunity to comment on the Appraisal committee recommendations.	Not fully met
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	The Process guide states[6] that when STAs are published the timeframe for updating varies across the different STAs produced and is dependent on any newly available evidence. STAs can be reviewed prior to the suggested review time 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 another guidance-producing centre. If no update is needed to an STA it is regarded as static guidance. Each STA example[2,3] states that it will be considered for review 3 years after initial publication.	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 Methods guide[1] states that the language and style used in STAs needs to be clear and easy to understand especially the summary of key issues and the conclusions drawn. The example STAs[2,3] are 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 document[6] states that STAs do not present different options for management or intervention as they specifically appraise single products, such as new pharmaceutical products or licensed indications, devices or other technology, for a single indication.	Not applicable
	4.3	The date of search, the date of publication or last update and the proposed date for review are clearly stated	A 'Company evidence submission' template[7] for STAs states that the date on which searches are conducted and the date span of the search should be provided. The Process document [6] states that when STA's are published a suggested time for their review should be provided. The dates that searches were undertaken can be confirmed from the Company submissions[8,9] along with the date span. The front page of each STA[2,3] states the date of publication. According to the STA examples[2,3] the timeframe for scheduled review is 3 years after the publication date.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	4.4	The content of the guidance is suitable for the specified target audience. If patients or service users are part of this audience, the language should be appropriate.	The Process guide implies the target audience for STAs 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'. Both STA examples[2,3] are suitable for their target users namely local commissioners and/or providers.	Criterion met
Applicability	**Does the guidance producer routinely consider:**			
	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[6] explains that costing tools comprise of a costing report and template to support organisations assessing the financial impact of implementing NICE guidance. STA (TA 341)[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

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The Process guide[6] 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 both STAs[2,3].	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	5.3	Review criteria for monitoring and/or audit purposes within each product.	The Methods guide[1] states that NICE provides advice and tools to support the local implementation of its guidance. The Process guide[6] defines the role of the Audit lead for the STA 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 STAs[2,3] do not include auditing or monitoring criteria. In addition the guidance producer has not stated parameters in STAs that could be audited against or how monitoring could be undertaken.	Criterion not met
Editorial independence	**Does the guidance producer:**			
	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 ERG which is an independent group 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

	Criterion		Evidence for meeting the criterion	Accreditation decision
	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 is transparent.	Criterion met
	6.3	Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The Process guide[6] 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[6] states that clinical experts, commissioning experts and patient experts are requested to declare conflict of interests they may have in the technology being discussed at Appraisal Committee meetings. Declarations made include personal, non-personal, financial and non-financial interest categories. The 'NICE Policy on Conflicts of Interest'[11] 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 STAs[2,3] state 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 potential for bias affecting the conclusions made in STAs is reduced by undertaking comprehensive searches, clear inclusion and exclusion criteria, the involvement of a multidisciplinary Appraisal Committee, external ERG, thorough updating policy, editorial independence and transparency of funding.	Criterion met

Documents referenced above:

1. Guide to the methods of technology appraisal, Published: 04 April 2013
2. TA 341 - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (Issued: June 2015)
3. TA 332 - Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone relapsed prostate cancer (Issued: February 2015)
4. Final scope - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism
5. Final scope: Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer
6. Guide to the processes of technology appraisal (Published: 02 September 2014)
7. STA - Company evidence submission template
8. Company submission - Apixaban (Eliquis®▼) for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults Submitted by Bristol-Myers Squibb Pharmaceuticals Ltd. And Pfizer Ltd.
9. Company submission - Sipuleucel-T for the treatment of asymptomatic/minimally symptomatic (non-visceral) metastatic castrate-resistant prostate cancer
10. User guide for company evidence submission template (Published: 08 January 2015)
11. 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 methods of technology appraisal, Published: 04 April 2013	Process documentation	http://publications.nice.org.uk/pmg9
TA 332 - Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone relapsed prostate cancer (Issued: February 2015)	Guidance sample	http://www.nice.org.uk/guidance/published?type=ta
TA 341 - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (Issued: June 2015)	Guidance sample	http://www.nice.org.uk/guidance/ta341
Final scope: Sipuleucel-T for treating asymptomatic or minimally symptomatic metastatic hormone-relapsed prostate cancer	Supplementary information for TA 332	http://www.nice.org.uk/guidance/ta332/documents
Final scope - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism	Supplementary information for TA 341	http://www.nice.org.uk/guidance/ta341/documents/deep-vein-thrombosis-pulmonary-embolism-treatment-secondary-prevention-apixaban-id726-committee-papers-2
Guide to the processes of technology appraisal, Published: 02 September 2014	Process documentation	http://www.nice.org.uk/article/pmg19/chapter/Acknowledgements

Single technology appraisal. Company evidence submission template	Supplementary information	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
User guide for company evidence submission template, Published: 08 January 2015	Process documentation	http://www.nice.org.uk/article/pmg24
Evidence Review Group report - Sipuleucel-T for the treatment of asymptomatic/minimally symptomatic (non-visceral) metastatic castrate-resistant prostate cancer; June 2014	Supplementary information for TA 332	http://www.nice.org.uk/guidance/TA332/documents/evaluation-report-and-supporting-information2
Sipuleucel-T for the treatment of metastatic hormone relapsed prostate cancer	Supplementary information for TA 332	http://www.nice.org.uk/guidance/TA332/documents/evaluation-report-and-supporting-information2
Evidence Review Report (ERG) - Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism - ID 726	Supplementary information for TA 341	http://www.nice.org.uk/guidance/ta341/documents/deep-vein-thrombosis-pulmonary-embolism-treatment-secondary-prevention-apixaban-id726-committee-papers-2
Company submission - Apixaban (Eliquis®▼) for the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE), and prevention of recurrent DVT and PE in adults Submitted by Bristol-Myers Squibb Pharmaceuticals Ltd. And Pfizer Ltd.	Supplementary information for TA 341	http://www.nice.org.uk/guidance/ta341/documents/deep-vein-thrombosis-pulmonary-embolism-treatment-secondary-prevention-apixaban-id726-committee-papers-2
Company submission - Sipuleucel-T for the treatment of asymptomatic/minimally symptomatic (non-visceral) metastatic castrate-resistant prostate cancer	Supplementary information for TA332	http://www.nice.org.uk/guidance/ta332/documents

NICE Policy on Conflicts of Interest	Process documentation	http://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/code-of-practice-for-declaring-and-managing-conflicts-of-interest.pdf

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	
Ms	Susan	Cervetto	Senior Appraisal Pharmacist	All Wales Therapeutics & Toxicology Centre
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	NHS Ayrshire and Arran**,** Freelance
Ms	Angela	Green	Lead clinical research therapist	Hull and East Yorkshire Hospitals NHS Trust
Dr	Steve	Hajioff	General Practitioner and Public Health Consultant	Public Health England
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Professor	Donal	O'Donoghue	Consultant Renal Physician	Salford Royal NHS Foundation Trust and Honorary Professor of Renal Medicine, University Of Manchester
Ms	Mandy	Sainty	Research and Development Manager	College of Occupational Therapists
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland
Dr	Charles	Young	VP & Publishing Director	Wiley-Blackwell

External Advisers for this accreditation application

Nigel Beasley, ENT Consultant, Deputy Medical Director, Nottingham University Hospitals NHS Trust, UK

Cheryl Harding-Trestrail, RN (Adult), BSc, NMP Senior Commissioning Manager: Planned Care (Acute), West Hampshire Clinical Commissioning Group, Omega House Eastleigh, Hampshire

Victoria Wilkinson (BSc Hons, MSc, PhD), Research Delivery Manager, National Institute for Health Research (NIHR) Comprehensive Research Network (CRN), North West Coast (NWC), Royal Liverpool and Broadgreen University Hospitals NHS Trust, UK.

NICE Accreditation team for this accreditation application

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Victoria Carter, Senior Technical Analyst, Accreditation and Quality Assurance, National Institute for Health and Care Excellence, Manchester, UK