NICE National Institute for Health and Care Excellence

Guidance producer:	**Regional Drug and Therapeutics Centre**
Guidance product:	**New Drug Evaluations**
Date:	**20 March 2017**
Version:	**1.4**

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 accredited the process used by the **Regional Drug and Therapeutics Centre** to produce **New Drug Evaluations**. Accreditation is valid for 5 years from **7 March 2017** and is retrospectively applicable to guidance produced using the processes described in **New Drug Evaluations Process Manual v.3.0 (October 2016).**

Background to the guidance producer

The Regional Drug and Therapeutics Centre is a non-commercial, not-for-profit NHS organisation hosted by the Newcastle Upon Tyne Hospitals NHS Trust.

New Drug Evaluations are concise, structured reviews of new drugs recently launched within the NHS. These documents seek to provide a brief overview of the efficacy, safety and cost of new drugs. The primary audiences are primary care healthcare professionals such as general practitioners, prescribing advisers, community/primary care pharmacists and nurse prescribers. They are also found to be useful to hospital practitioners and drug and therapeutics committees.

The final page of guidance states that New Drug Evaluations should be read in conjunction with the relevant Summary of Product Characteristics (SPC) and the British National Formulary (BNF). They are intended to be used as a local decision making aid and do not constitute formal guidance. Due to the time limited nature of New Drug

Evaluations they are published with the expectation that they will not be routinely scheduled for review. In view of the continued emergence of new evidence, readers are recommended to recheck the biomedical literature after 18 months beyond the publication date of each New Drug Evaluation. Agents which have been reviewed by the National Institute for Health and Care Excellence (NICE) are indicated by the presence of a (N) after the drug name.

Summary

The Accreditation Advisory Committee considered that the processes used by the Regional Drug and Therapeutics Centre to produce New Drug Evaluations demonstrated compliance with 24 of the 25 criteria for accreditation.

The scope and purpose of the guidance is clear. The overall objectives, questions addressed, target population and intended users are all clearly stated. The recommendations are provided in reference to specific circumstances.

The process includes relevant stakeholder groups throughout the development process as members of the publications working group. Intended users are also represented in the process.

The guidance is produced from systematic, transparent search methods with defined inclusion and exclusion criteria. The Scottish Intercollegiate Guidelines Network (SIGN) appraisal process is used to assess the strengths and limitations of the evidence base. Informal consensus is used by the publications working group to formulate recommendations – if consensus cannot be achieved the recommendation is put to a majority vote.

NDEs contain a stock phrase stating that due to their time limited nature they are published with the expectation that they are not normally scheduled for review. If new evidence does become available readers are recommended to recheck the literature 18 months after the publication date of each New Drug Evaluation.

The content and format of the guidance is suitable for the specified target audience. Organisational and financial barriers are considered during development of New Drug Evaluations and processes are in place to monitor the use of the guidance.

Overall, the standards development process is editorially independent. Funding mechanisms are transparent. Interests are declared and managed according to a policy that applies to those involved in all aspects of the development of guidance. The possibility of bias in the process is minimised.

A recommendation to improve the process used to produce New Drug Evaluations is to:

- ensure the recently developed process to include patient or patient representatives on the publications working group is implemented into all new and updated New Drug Evaluations produced.

Professor Martin Underwood

Chair, Accreditation Advisory Committee

March 2017

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 5 years from the date of the accreditation decision.

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 process manual[1] confirms the general aims of new drug evaluations. The example New Drug Evaluations (NDE)[2,3,4,5] specify their specific aims under the 'What is it?' section on page 1 of each document.	Criterion met
	1.2 The clinical, healthcare or social questions covered	A template in the process manual[1] provides prompts to author the guidance. The quality of selected evidence is assessed against consistent methodological standards. Each study is critically appraised for quality using a standardised checklist according to SIGN methodology. These criteria differ between study types and a range of study specific checklists are used to ensure a consistent approach to the assessment process. The questions are described in each example NDE[2,3,4,5].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The process manual[1] defines the target audience as stakeholders for NDEs which includes area prescribing committees, new drugs and formulary groups, drug and therapeutics committees, general practitioners, secondary care consultants, prescribing advisers, community/primary care pharmacists and nurse prescribers. The patients or population to be covered is defined by the approved indication for the particular drug that the evaluation covers. The example NDEs[2,3,4,5] all specify their target audience and relevant patient groups.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	A template in the process manual[1] confirms that there is a policy to ensure that consistent recommendations are clearly presented and referenced to the questions posed. The example NDEs[2,3,4,5] provide guidance about how specific medicines or classes of medicines can be used to treat conditions including details of indications, contraindications and cautions. The structure of the NDEs helps to ensure recommendations are given in reference to specific clinical or healthcare circumstances.	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	The process manual[1] details the composition of the Publications Working Group (PWG). The PWG is multidisciplinary and includes a clinical editor (chair), pharmacy director, consultant physicians, senior pharmacists and information scientists. It is clear that relevant stakeholders are involved in the development process of the NDE examples[2,3,4,5].	Criterion met
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	The updating of the Process manual[1] in December 2016 to include lay members in setting recommendations is a welcomed development. The new process to include patients directly in the development of the NDE examples[2,3,4,5] has not yet been fully implemented as no NDE confirming the involvement of patients or their representatives has yet been published.	Not fully met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	2.3 Representative intended users in developing guidance.	The Process manual[1] states that NDEs are routinely used by general practitioners, secondary care consultants, prescribing advisers, community/primary care pharmacists and nurse prescribers. All NDEs are reviewed externally by a representative sample of the target audience who are independent of the PWG. The PWG regularly reviews the format of publications to make sure they meet the needs of stakeholders. The PWG maintains a list of stakeholder organisations and their members in the development, reviewing and quality assurance process of publications. All example NDEs[2,3,4,5] include relevant input from stakeholder organisations at the peer-review stage of the development process.	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	The process manual[1] confirms that Medline, Embase and the Cochrane Central Register of Controlled Trials (CENTRAL) are searched as an absolute minimum. Search filters can be used to identify economic evaluations, and studies on patient issues. The standardised search filters include MeSH and free text search terms. Examples of suitable search filters were provided. All example NDEs[2,3,4,5] include a statement explaining that the search terms, core sources, date ranges, date searches were conducted. Limits and filters used, are available upon request.	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 document[1] confirms that pre-specified inclusion and exclusion criteria based on the PICO criteria are used as indicated above. Non-English language articles are only be considered if there is an English translation available. Animal studies are excluded. General reviews, commentaries and editorials that interpret the results of published primary studies are excluded from the evaluation, but are retained for discussion. All example NDEs[2,3,4,5] include a statement explaining that the inclusion and exclusion criteria are available upon request. This ensures that these details are available to potential users of the NDEs.	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 Process document[1] describes how the strengths and limitations of the body of evidence used to author NDEs are assessed using an adapted SIGN methodology. Each study is critically appraised for quality using standardised checklists which are available for all study designs using a Patient, Population, Intervention, Comparison and Outcome (PICO) format. Data from all studies are extracted by the lead author and documented in evidence summary tables listing the main characteristics of each study. The Process document states that summary tables give the opportunity to compare areas of uncertainty and identify studies that lack quality evidence. The outcome of this appraisal process determines the level of evidence assigned to papers. The levels of evidence (from 1++ through to 4) are provided in the Process manual. The grading system is used to demonstrate the overall strength of the evidence available to support recommendations. The example NDEs[2,3,4,5] show that an adapted SIGN methodology is used to assess the evidence. A level of evidence grading is provided on the front page of each NDE. Areas of uncertainty in the evidence based are stated in the main body of NDEs when relevant.	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 manual[1] explains that informal consensus is used by the PWG to formulate recommendations. If the group cannot come to consensus in a particular area, the recommendation is put to a majority vote. The NDE examples[2,3,4,5] do not explicitly specify that consensus is used to set recommendations or what happens if the PWG cannot come to a consensus due to space considerations. It is suggested this information should be stated especially in instances were consensus is not achieved.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The process manual[1] explains that the balance of potential benefits and harms of an intervention are vital when developing recommendations that are evidence based. Clinical safety data is synthesised through a review which details the major and most common adverse effects. Explicit reference is made to information provided in the Summary of Product Characteristics (SPC), relating to precautions, warnings, clinically important interactions particularly where a new drug differs significantly from that of currently available treatments. If a European Public Assessment Report (EPAR) has been published; it is used to complement the information included in the evaluation when necessary. Due to the concise nature of NDEs there is insufficient scope to discuss every treatment option and their relative benefits and harms. The NDE examples[2,3,4,5] all discuss issues with clinical safety. The NDE template in the Process manual[1] states that data is synthesised through a narrative review detailing the major and most common adverse effects, with an indication of frequency, when possible.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	3.6 Describes the processes of external peer review	The process manual[1] outlines the policy for external peer review. The external reviewers are asked to make comments on the clarity, validity, applicability and overall usability of the draft NDE. The external peer review process allows the target audience (who are independent from the PWG) the opportunity to comment on draft NDE's and identify any potential difficulties for implementation before recommendations are decided. Once a recommendation on a medicine has been established a final draft is sent to the RDTC senior management/physician team for formal content approval. Example NDEs[2,3,4,5] include statements indicating that NDEs are subject to external peer review, and specify that no conflicts of interests were declared by the external reviewers.	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 manual[1] confirms that due to the time limited nature of NDEs they are published with the expectation that they will not be regularly reviewed or updated. Due to the time limited nature of evidence-based studies, NDEs are habitually archived five years after they are published. However, the PWG continues to identify new evidence relevant to published NDEs through a systematic literature surveillance process known as 'horizon scanning'. The NDE examples[2,3,4,5] contain a stock statement on the final page stating that 'Due to the time limited nature of NDEs they are published with the expectation that they will not be routinely scheduled for review. In view of the continued emergence of new evidence, readers are recommended to recheck the biomedical literature after 18 months beyond the publication date of each NDE.' In addition any NDEs older than 18 months are indicated as such on the guidance producer's website[6]. It is also clear on the download webpage that users should check after 18 months.	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 process manual[1] confirms that NDEs are required to be concise, structured reviews presented in a clearly defined format using unambiguous language. The content of the example NDEs[2,3,4,5] show that they are concise and are presented in a clearly defined format using unambiguous language.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The process manual[1] states that treatment options should be listed when these are indicated. Due to the concise nature of NDEs there is insufficient scope to discuss every treatment option and their relative benefits and harms in detail. The NDE examples[2,3,4,5] clearly indicate different treatment options, within the 'What other options are there?' section, to manage 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[1] provides information about the inclusion of dates of search, publication and update. The date of search, the date of publication and the arrangements for review are clearly stated in all example NDEs[2,3,4,5].	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 manual[1] states that the PWG actively encourages stakeholder involvement in the development, reviewing and quality assurance process of all publications. The content of the NDE examples[2,3,4,5] is suitable for the specified target audience of area prescribing committees, new drugs and formulary groups, drug and therapeutics committees, general practitioners, secondary care consultants, prescribing advisers, community/primary care pharmacists and nurse prescribers.	Criterion met
Applicability	**Does the guidance producer routinely consider:**			
	5.1	Publishing support tools to aid implementation of guidance	The process manual[1] shows that support tools exist often on the RDTC website[6]. The NDE example[2,3,4,5] detail support tools such as charts and tables.	Criterion met
	5.2	Discussion of potential organisational and financial barriers in applying its recommendations	The process manual[1] states that potential financial and organisational barriers to implementation should be considered especially if it could involve other organisations or professionals across a care pathway. It can also be beneficial to discuss any change in practice that will be required such as training programmes or shared care arrangements. The example NDEs[2,3,4,5] contain charts that compare a range of suitable drugs for a particular indication. The charts show comparative costs at basic NHS prices.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 Review criteria for monitoring and/or audit purposes within each product.	The process manual[1] states that the PWG performs ongoing monitoring of the uptake and prescribing of new drugs. If there are significant new developments or safety concerns within a therapeutic area covered by one or more NDEs the PWG can consider publishing another document to support stakeholder medicines optimisation services. It is clear from the guidance examples[2,3,4,5] that the production of regular prescribing analysis reports by the Prescribing Analysis and Support Unit (PASU) allows stakeholders and the PWG to audit and monitor the uptake of new drugs covered in NDEs. The comparative prescribing reports and data analysis allows CCGs to tackle variations in prescribing patterns and promotes best practice across regions, and enables them to monitor the implementation and effectiveness of NDEs.	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	The process document[1] and information on the RDTC website[6] confirms that the RDTC is a non-commercial, not-for-profit NHS organisation, commissioned and funded by a mixture of different organisations. The authoring process uses multidisciplinary personnel and the funding mechanism is transparent.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	The process manual[1] provides an overview of how the PWG is funded. The RDTC is a non-commercial, not-for-profit NHS organisation, commissioned and funded by a mix of different organisations such as Public Health England, NHS England, the Medicines and Healthcare products Regulatory Agency (MHRA) and Clinical Commissioning Groups (CCGs). The PASU and PWG are entirely independent of the pharmaceutical industry and receive no funding from them. The RDTC maintains a policy of transparency with respect to its funding sources. A detailed annual financial summary is openly published in the RDTC annual report which is freely available on the RDTC website[6]. The work of the PASU is solely funded by CCGs from across the North of England and the services commissioned are outlined in a service level agreement (SLA) which is broadly similar for each region. This agreement is currently a three year rolling agreement with an annual review.	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 manual[1] and Conflict of interest SOP[7] state that if the Chair has a competing interest they will not be involved in making recommendations. PWG members with a specific, personal financial interest in a topic are asked to leave the meeting while a subject is discussed. Members with non-specific interests, or other types of interests, may be allowed to remain in the meeting at the Chair's discretion. Any potential conflicts of interest are taken at the start of each PWG meeting and are recorded in the minutes of the meeting and records are available for inspection upon request. All external peer reviewers are asked to disclose any potential conflict of interests at the time of submitting their comments and these are available upon request. NDE examples[2,3,4,5] include a statement that details whether or not any members of the PWG or those involved in the external review process declared any conflicts of interest.	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	It is clear that the potential for bias affecting the outcomes is minimised by the robust conflict of interest policy, the involvement of multidisciplinary stakeholder groups and the comprehensive search for evidence and sifting of evidence. The external peer-review process is independent, equitable and robust.	Criterion met

Documents referenced above:

1. New Drug Evaluations Process Manual v.3.0 (October 2016)
2. New Drug Evaluation No: 147 Idarucizumab for dabigatran reversal - December 2015
3. New Drug Evaluation No: 148 Guanfacine extended release for ADHD - February 2016
4. New Drug Evaluation No: 149 Brivaracetam for focal onset seizures - May 2016
5. New Drug Evaluation No: 150 Lesinurad for the treatment of gout - July 2016
6. RDTC website
7. Conflict of interest SOP

Appendix B: Bibliography

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

Document name	Description	Location
New Drug Evaluations Process Manual v.3.0 (October 2016)	Process manual	Supplied
Conflict of interest SOP	Process manual	Supplied
RDTC website	Part of process	http://rdtc.nhs.uk/publications/publication-type/new-drug-evaluations
New Drug Evaluation No: 147 Idarucizumab for dabigatran reversal - December 2015	Guidance example	http://rdtc.nhs.uk/publications/publication-type/new-drug-evaluations
New Drug Evaluation No: 148 Guanfacine extended release for ADHD - February 2016	Guidance example	http://rdtc.nhs.uk/publications/publication-type/new-drug-evaluations
New Drug Evaluation No: 149 Brivaracetam for focal onset seizures - May 2016	Guidance example	http://rdtc.nhs.uk/publications/publication-type/new-drug-evaluations
New Drug Evaluation No: 150 Lesinurad for the treatment of gout - July 2016	Guidance example	http://rdtc.nhs.uk/publications/publication-type/new-drug-evaluations

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
Mr	Richard	Brownhill	Independent health care improvement manager	Royal Bolton Hospitals Trust
Mrs	Susan	Cervetto	Senior Appraisal Pharmacist	All Wales Therapeutics & Toxicology Centre
Mrs	Lynda	Cox	Knowledge and implementation lead (formerly)	NHS England (formerly)

Ms	Ailsa	Donnelly	Lay member	N/A
Ms	Joyce	Epstein	Lay Member	N/A
Dr	Elvira	Garcia	Consultant in Public Health Medicine - Health Protection Lead	NHS Ayrshire & Arran
Mrs	Diana	Gordon	Company Director	DRG Consultants
Dr	Steve	Hajioff	Director of Public Health	Hillingdon Borough Council
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Dr	Mahendra	Patel	Principal Enterprise Fellow (Senior Academic Pharmacist)	University of Huddersfield
Ms	Mandy	Sainty	Research and Development Manager	College of Occupational Therapists
Mr	Duncan	Service	Evidence Manager	SIGN
Dr	Sara	Twaddle	Director of Evidence	Healthcare Improvement Scotland
Prof.	Martin	Underwood	Professor of Primary Care Research, Director of Warwick Clinical Trials Unit	The University of Warwick
Ms	Ruth	Wakeman	Assistant Director of Professional Development and Support	Royal Pharmaceutical Society

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