Guidance producer:	**Uveal Melanoma Guideline Development Group**
Guidance product:	**Uveal Melanoma National Guidelines**
Date:	**24 November 2014**
Version:	**1.3**

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 **Uveal Melanoma Guideline Development Group** to produce the **Uveal Melanoma National Guidelines.** Accreditation is valid for 5 years from **November 2014.**

Background to the guidance producer

The Uveal Melanoma Guideline Development Group comprises a panel of experts made up of professionals involved in delivering care to uveal melanoma patients, and patient representation. This application was for the process used to develop the Uveal Melanoma National Guidelines. The aim of these guidelines is to optimise patient care by providing recommendations based on the best available scientific evidence. These guidelines should assist the planning of patient care and provide an indication of the likely clinical outcomes, as well as facilitating patient counselling and informed decision making.

Summary

The Accreditation Advisory Committee considered that the process used by the Uveal Melanoma Guideline Development Group to produce the Uveal Melanoma National Guidelines complies with 23 of the 25 criteria for accreditation.

The process used by the Uveal Melanoma Guideline Development Group included the use of a multidisciplinary development group which included intended users and 3 patient representatives. Systematic search methods were used and consultation and review took place, which included a variety of patient groups. Support tools were created which included audit criteria and a patient information document.

The Committee were particularly impressed with the level of patient involvement during guideline development.

The suggestion for consideration by the guidance producer is:

- Documentation of explicit statements and policies that describe how editorial independence from funding sources is ensured within both the process manual and guidance.

Professor Martin Underwood

Chair, Accreditation Advisory Committee

November 2014

Implementation

Following accreditation, guidance from the accredited producer will be identified on NICE Evidence 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 publication of approval on the NICE Evidence website.

Accredited guidance producers must take reasonable steps to ensure the accredited processes are followed when generating the type of evidence for which they are accredited. Accredited guidance producers should have quality assurance mechanisms in place and must inform NICE 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	Section 3 of the guideline development methodology[1] explains the objective of the guidance. Section 2.4.1 of the guidance[2] discusses the aim of the guidance.	Criterion met
	1.2 The clinical, healthcare or social questions covered	Section 4.2 of the guideline development methodology[1] states the 4 main clinical topics covered. Section 6 of the guideline development methodology[1] states the PICO (P-patient, problem, or population I-Intervention, C-comparison, O-outcomes) questions for the guideline and explains how the PICO questions were drafted. Section 1.2 of the guidance[2] lists the recommendations which are divided into the relevant clinical topics. In each topic the PICO questions are given and then answered in depth in the evidence summary section.	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The target population and audience are described in section 4.4 of the guideline development methodology[1]. Section 2.4.3 of the guidance document[2] gives the target population and audience.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	Within the guideline development methodology[1] the PICO questions for each of the 4 clinical topics are given in section 6.1. The recommendations are listed at the start of the guidance document[2] in section 1.2. The recommendations are divided into the 4 clinical topics and then further broken down into the specific areas for the topics. This ensures the clinical circumstances are clear for each recommendation. In the evidence summary section, each topic has a section entitled 'linking evidence to recommendations' which links the evidence to the recommendations. The recommendations are clear and give a precise description of what is appropriate, in which situation and in which patient group	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	Section 5.2 of the guideline development methodology[1] describes the composition of the guideline development group (GDG) which includes 3 ophthalmic surgeons and a variety of other specialists, in addition to patient representatives. The patient group OcuMel was involved in development. The list of the GDG members is included in appendix C of the guideline document[2], which includes members' job titles. Included in the GDG were 3 patient representatives.	Criterion met
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	Section 5.2 of the guideline development methodology[1] states that 3 representatives from the patient group OcuMel were involved in guideline development from its inception. Section 5.2[1] also states that Melanoma Focus and Cure OM, both charities involved in research, were invited to comment on the guideline. The list of members of the GDG is included in appendix C of the guidance[2] and this includes 3 patient representatives.	Criterion met
	2.3 Representative intended users in developing guidance.	The guideline states that uveal melanoma is a relatively rare condition which is managed by specialists, currently at 3 centres (London, Liverpool and Sheffield). The guideline development methodology[1] includes relevant target users on the GDG. Section 5.3 of the guideline development methodology[1] also explains the consultation and peer review process and states that relevant professional organisations were invited to comment. The list of the members of the GDG is within appendix C of the guideline document[2] and the membership includes a range of consultants and specialists, including representatives of the 3 centres.	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	Section 6 of the guideline development methodology[1] gives the PICO questions for each area and describes the search undertaken to address those questions. Appendix B of the guideline development methodology[1] contains the search strategy used, which was undertaken in Medline and Embase. Section 3 of the guidance document[2] gives information on the search performed and there is a link to the guideline development methodology[1] which provides the full search strategy.	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	Section 6 of the guideline development methodology[1] gives details of the inclusion and exclusion criteria. In order to maximise the evidence retrieved in a specialist field, all study types were included except for individual case reports and case series below certain sizes. The evidence reviews[3] demonstrate the application of inclusion and exclusion criteria. Each topic covered in the guidance[2] includes a section entitled 'inclusion and exclusion criteria for selecting evidence'.	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	Section 6.2 of the guideline development methodology[1] explains that Scottish Intercollegiate Guidelines Network (SIGN) methodology was used to review evidence. The guideline development methodology[1] gives the levels of evidence used and an explanation of the levels is given in appendix E. The grading of the recommendations is also based on SIGN and an explanation of the grades is given in appendix F. Section 2.2 of the guidance[2] is entitled 'Strengths and limitations of the evidence' and advises on the limited clinical evidence in the area due to the rarity of uveal melanoma and the poor prognosis. Section 3.1 of the guidance[2] explains the levels of evidence and grade of recommendations. At the start of the guidance[2] all the recommendations are listed along with the grade of evidence and recommendation.	Criterion met
	3.4	Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	Section 6.3 of the guideline development methodology[1] states that the process used for agreeing recommendations was consensus, with voting where consensus was not possible. Within the guidance document[2] the methods used to arrive at the recommendations are evident. For each clinical topic there is a section entitled 'Linking evidence to recommendations' which also gives details of any debate between GDG members.	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	Section 6.3 of the guideline development methodology[1] states that the GDG considered the health benefits, side effects and risks in formulating recommendations. Section 2.3 of the guidance document[2] 'Risks versus benefits' states that the GDG assessed the clinical benefits and risks. At the start of every topic there is a table containing the questions addressed by the GDG, many of which relate to health benefits, side effects and risks. Each topic also contains a section entitled 'Linking evidence to recommendations' where details of health benefits, side effects and risks discussed by the GDG are evident.	Criterion met
	3.6	Describes the processes of external peer review	Section 5.3 of the guideline development methodology[1] describes the consultation and peer review process involving relevant professional and patient organisations worldwide and key individuals. The consultation was also advertised on the Melanoma Focus website. The professional members of Melanoma Focus were also invited to comment. The comments were reviewed by the lead for each topic. The GDG reviewed those comments that would entail changes to the guideline. The guidance producer submitted a comments table[5] containing all the comments received from the consultation.	Criterion met

	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	Section 9 of the guideline development methodology[1] states that there will be a literature search every 3 years to determine if changes need to be made to the guidance as a result of new evidence. It also states that GDG members will notify the chairman if at any time new evidence makes any aspect of the guideline unsafe. The chair of the GDG will write to members of the guideline group once a year to see if they are aware of any new evidence in their specialist area which may affect the guideline. If so, this will be reviewed and may trigger an unscheduled update.	Criterion met
Clarity and presentation	**Does the guidance producer ensure that:**			
	4.1	Recommendations are specific, unambiguous and clearly identifiable	Section 6.5 of the guideline development methodology[1] describes the overall guideline format. The recommendations are clearly identifiable at the start of the guidance document[2], in section 1.2. They are divided into the 4 clinical topics and the section also includes a treatment table, which gives specific details on treatments and in what circumstances they should be used. It is very clear in the recommendations what is appropriate, in which situation and for which patient group, and the recommendations are unambiguous.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	The PICO questions for each of the 4 topics are included within the guideline development methodology[1], and many of these encourage the GDG to think about possible options for the management of the condition. In the guidance the options for management or intervention listed in the PICO questions follow through into the discussion of the evidence and the treatment recommendations.	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	Section 6.1 of the guideline development methodology[1] gives the dates of search. The front page of the guidance document[2] gives the date of publication and section 3 gives the dates of search. Section 9 of the guidance[2] states that there will be a full review in 3 years' time.	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 guidance is aimed at all health professionals who provide care for people with uveal melanoma. Section 6.5 of the guideline development methodology[1] gives details on the format of the guidance. Target users have been involved in the development of the recommendations and the consultation. The language and content of the guidance is suitable for healthcare professional and the guidance document[2] also contains a glossary of terms used along with an explanation of their meaning. The patient information document[4] appears suitable for lay readers.	Criterion met
Applicability	**Does the guidance producer routinely consider:**			
	5.1	Publishing support tools to aid implementation of guidance	Section 8 of the guideline development methodology[1] states that tools and guidance to aid implementation were developed. The tools included a slide set to assist GDG members at conferences[3] and patient information document[4] to facilitate dialogue and involvement in care. The guidance document[2] includes audit criteria to be used by professionals when dealing with patients, this can be found in section 8.2. Also provided with the application was a patient information document[4].	Criterion met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	Section 8 of the guideline development methodology[1] states that part of the process to aid implementation was the identification of potential organisational and financial barriers to implementing the guidance. Section 8.1 of the guidance[2] discusses the both the organisational and financial barriers in applying the recommendations. Throughout the guidance there is reference to cost effectiveness.	Criterion met
	5.3 Review criteria for monitoring and/or audit purposes within each product.	Section 8 of the guideline development methodology[1] states that audit criteria are included to assist users in monitoring compliance. The audit criteria table can be seen in section 8.2 of the guidance document[2].	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	Section 2 of the guideline development methodology[1] states that the charity Melanoma Focus funded the development of the guideline and will host it after publication. The chair of the GDG is a trustee of Melanoma Focus, which has the stated aim of supporting education and promoting research about melanoma. The front of the guidance document[2] states 'This project is the independent work of the Uveal Melanoma Guideline Development Group and is funded by Melanoma Focus'. Neither Melanoma Focus or the Chair have any pecuniary interest in the recommendations and the GDG is multidisciplinary. Nevertheless, because the Chair is a member of the funding body this criterion is not fully met from a process perspective.	Not fully met

	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	Section 7 of the guideline development methodology[1] gives information on the funding of the guideline. It is stated that professional members of the GDG paid their own expenses and the centre hosting the meeting met room expenses. It is advised that additional costs of the guideline, including the costs of the project manager and reviewer and patient travel expenses were met by Melanoma Focus.	Criterion met
	6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations	Section 5.4 of the guideline development document[1] gives information on the declaration of interests policy. The guidance document[2] in appendix D lists all the declaration of interests made by the GDG.	Criterion met
	6.4 Take account of any potential for bias in the conclusions or recommendations of the guidance	There is a systematic process, a multidisciplinary guideline development group, external peer review and consultation, and conflicts of interests policy. This criterion was found to be not fully met because the chair of the GDG is also a trustee of the funding body, which allows some possibility of bias to remain in the process.	Not fully met

Criterion	Evidence for meeting the criterion	Accreditation decision
[1] Uveal Melanoma Guideline Development Methodology (2014) [2] Uveal Melanoma National Guidelines (2014) [3] Evidence review slides 1 and 3 [4] Uveal Melanoma Guidelines Public Information [5] Consultation comments table		

Appendix B: Bibliography

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

Document name	Description	Location
Appendix A UV Extractions	Extractions table, containing studies identified	supplied
Comments table	Copy of uveal melanoma guideline consultation review comments	supplied
Evidence review slides	Presentation of the evidence identified, including PowerPoint slides from the meetings presenting the evidence	supplied
OcuMel UK Patient Scoping Consultation	Notes from the informal consultation with members of OcuMel UK on 23/09/13	supplied
Primary Treatment Stereotactic radiosurgery	Slides and word document detailing the Primary Treatment update of evidence	supplied
Primary treatment update	Power Point slides from the meetings presenting the evidence	supplied
Uveal Melanoma application 14-7-14	The application form completed by the guidance producer	supplied
Uveal Melanoma National Guidelines	Uveal Melanoma National Guidelines	supplied
Uveal Melanoma Guidelines Public Information	Information leaflet for members of the public	supplied
Uveal Melanoma Guideline Development Methodology	Guideline development methodology document	supplied

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
Dr	Adrian	Brown	Principal Screening Advisor	Public Health England and NHS England (London)
Mr	Richard	Brownhill	Quality and Performance Lead	Royal Bolton Hospitals Trust
Professor	Ann	Caress	Professor of Nursing	University of Manchester and UHSM NHSFT
Mrs	Susan	Carvetto	Senior Appraisal Pharmacist	All Wales Therapeutics & Toxicology Centre

Ms	Lynda	Cox	Knowledge and Information Lead	NHS England
Ms	Alisa	Donnelly	Lay member	
Ms	Gail	Fortes-Mayor	Lead Commissioner	Sandwell & West Birmingham CCG
Mrs	Diana	Gordon	Director	DRG Consultants
Ms	Barbara	Graham	Information Consultant/Senior Health Economist	NHS National Services Scotland
Dr	Angela	Green	Lead clinical research therapist	Hull and East Yorkshire Hospitals NHS Trust
Dr	Steve	Hajioff	Consultant in Public Health Medicine	Public Health England
Dr	Anthony	Larkin	General Practitioner	The Alexandra Practice
Ms	Ruth	Liley	Assistant Director for Quality Assurance	Marie Curie Cancer Care
Ms	Rita	Ranmal	Clinical Standards Manager	Royal College of Paediatrics and Child Health
Dr	Karen	Ritchie	Head of Knowledge Management	Healthcare Improvement Scotland
Ms	Mandy	Sainty	College of Occupational Therapists	Research and Development Manager
Professor	Sasha	Shepperd	Professor of Health Services Research	University of Oxford
Dr	Sara	Twaddle	Director, Head of Evidence &Technologies	Health Improvement Scotland
Professor	Martin	Underwood	Director	Warwick Clinical Trials Unit, The University of Warwick
Dr	Charles	Young	Emergency Physician	Guys and St Thomas' NHS Trust

External Advisers for the Uveal Melanoma Guideline Development Group: Uveal Melanoma National Guidelines accreditation application

Adrian Palfreman, Consultant Physician in GU Medicine, University of Hospitals of Leicester NHS Trust, UK

Cheryl Harding-Trestrail, RN (Adult)
Senior Commissioning Manager: Planned Care (Acute) West Hampshire Clinical Commissioning Group, UK

Dr Mohit Sharma, Consultant in Public Health, Public Health England, UK

Nigel Beasley, ENT surgeon, UK

NICE Accreditation team for the Uveal Melanoma Guideline Development Group: Uveal Melanoma National Guidelines accreditation application

Helen Eaton, Technical Analyst, Accreditation and Quality Assurance, The National Institute for Health and Care Excellence, Manchester, UK

James Stone, Technical Analyst, Accreditation and Quality Assurance, The National Institute for Health and Care Excellence, Manchester, UK