NICE National Institute for Health and Care Excellence

Guidance producer:	The Paediatric Continence Forum
Guidance product:	Paediatric continence commissioning guide: A handbook for the commissioning and running of paediatric continence services
Date:	19 June 2014

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 may therefore have high confidence in the quality of the information. Organisations can publicly display a seal of approval called an Accreditation Mark after their process has been accredited. The process for accrediting producers of guidance and recommendations for practice is described in the process manual.

Accreditation recommendation

The process used by **The Paediatric Continence Forum** to produce the guideline **'Paediatric continence commissioning guide: A handbook for the commissioning and running of paediatric continence services'** is accredited.

Background to the guidance producer

The remit of the Paediatric Continence Forum is to raise awareness of the needs of children and young people with continence problems and to improve NHS services by supporting local service redesign while taking account of the experience of patients. The Paediatric Continence Forum consists of professionals in this field, who have links to the patient organisation and charity ERIC (the Education and Resources for Improving Childhood Continence) and PromoCon (Promoting Continence through Product Awareness). The Paediatric Continence Forum also has formal representation from the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Nursing (RCN) and the Community Practitioners' and Health Visitors' Association.

Summary

The Accreditation Advisory Committee considered that the processes used by the Paediatric Continence Forum to produce the 'Paediatric continence commissioning guide: A handbook for the commissioning and running of paediatric continence services' complied with 22 of the 25 criteria for accreditation. Additional information is present in the policy manual entitled 'Paediatric continence forum, commissioning guidance, process manual'.

The majority of the evidence base for the commissioning guideline builds on primary guidance produced by NICE which was incorporated without change by the Paediatric Continence Forum guideline development group. Searches for additional evidence were performed for areas that needed to be included in the guideline but were not covered by the existing guidance from NICE.

The guideline is clear in its scope and purpose. The development process included multidisciplinary stakeholders and target users, and included lay input. The guideline results from a systematic process that considered the risks and benefits of evidence when setting recommendations. The guideline provides clear recommendations in an appropriate language and format. When they exist the guideline provides different options for treatment or intervention.

Recommendations to further strengthen the Paediatric Continence Forum's development processes to author the Paediatric continence commissioning guide are to:

- ensure that when the guideline is updated additional stakeholders with experience of commissioning are included on the guideline development group
- ensure that the criteria for including and excluding evidence identified by the search is summarised in the guideline
- explicitly state whether any potential conflicts of interest were identified for any individuals involved in the development of the guideline recommendations

Professor Martin Underwood

Chair, Accreditation Advisory Committee

June 2014

Implementation

Following accreditation, the accredited individual guideline 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.

This mark allows health and social professionals to recognise high quality guidance produced to a high quality process. The intent of the accreditation programme is that this will drive up the standard of information available in the longer term. 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 Accreditation Mark

Appendix A: NICE Accreditation analysis

The 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.

Domain	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 commissioning guideline[1] enables clinical commissioning groups (CCGs) to commission healthcare for their local population that meets the 5 domains in the NHS Outcomes Framework. The guideline is designed to support the commissioning of community-based continence (bladder and bowel dysfunction) services and to provide evidence-based, cost effective care for children and young people.	Criterion met
	1.2 The clinical, healthcare or social questions covered	The guideline[1] shows the key questions are those about the extent of the paediatric continence problem; the needs of children and young people with continence problems and their families; and the type of service delivery that most effectively meets these needs.	Criterion met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	The guideline[1] is a resource to help commissioners, clinicians and managers deliver integrated and evidence-based community paediatric continence services. The patient population is defined as children and young people (from birth to 19 years of age) with bladder and bowel dysfunction. This includes children with learning difficulties or physical disabilities.	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	The individual questions are subdivided into sections in the guideline[1]. The information within each section explains the evidence base that was assessed.	Criterion met
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 guideline development group included a mix of healthcare professionals although additional stakeholders with experience of commissioning should be included in future developments of the guideline. Due to the stigma associated with this area of child health, direct parental representation was difficult to obtain. Nevertheless a parent was part of the guideline development group who represented the interests of children with continence problems along with the chief executive of the ERIC charity. The RCPCH, the RCN together with the Community Practitioners' and Health Visitors' Association were also represented via the membership of the guideline development group.	Not fully met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	2.2 Patient and service user representatives and seeks patient views and preferences in developing guidance	The guideline[1] shows that a parent representative was part of the guideline development group who was also a member of the management committee from the patient charity ERIC. Direct feedback was also obtained from 3 parents. The views of service users and their preferences were obtained through guideline development group representatives based at ERIC.	Criterion met
	2.3 Representative intended users in developing guidance.	The composition of the guideline development group and its Literature review sub-group is described in the guideline[1]. The roles and affiliations of the guideline development group demonstrated that the majority of the intended users (commissioners, clinicians and managers) of the guideline were represented. However the proportion of those with experience of commissioning could be developed further. The Literature review sub-group supervised the search for additional evidence available since the NICE and Department of Health (DH) guidance in this field was published.	Not fully met

Domain	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 majority of the evidence base for the guideline[1] built on the primary guidance produced by NICE (CG 111 and CG 99 and 2010 Paediatric continence service commissioning guide) and the 2011 DH Continence service implementation pack. Hyperlinks to the existing guidance used are provided by the guideline. Literature searches were conducted by the Literature review sub-group for those areas required in the guideline but not covered by existing NICE, DH or International Children's Continence Society (ICCS) guidance. Therefore, searches for evidence were performed in association with an external expert across all study types in PubMed.	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 guideline[1] does not provide evidence of the inclusion and exclusion criteria for the additional search performed which identified the evidence since the NICE guidance was produced. However the Process manual[2] details the inclusion and exclusion criteria along with literature review tables. The search limitations were: English language studies only; research evidence authored after the year 2000 and below 2- in the criteria for selecting evidence hierarchy (table).	Not fully met

Domain	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 guideline[1] states that the research evidence in the specialty is limited, with very few high quality trials. Where areas of uncertainty arose they are highlighted in the guideline. The guideline development group decided and agreed the rationale to make recommendations by evaluating the volume, quality, applicability and consistency of the evidence available. The review criteria for assessing and selecting evidence identified by the search are pres**e**nted in the Process manual[2]. Critical appraisal tables detail the studies identified for each search performed[2].	Criterion met
	3.4	Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	The guideline[1] shows that decisions, points of agreement and disagreement were resolved on a consensus basis via discussion. The recommendations made by NICE were accepted without further change. The Process manual[2] states that the results of the literature search were shared with the Literature review sub-group to comment on the grading of the evidence, identify additional papers and make any recommendations on areas of the guideline that needed amending in lieu of the review.	Criterion met
	3.5	Requires the guidance producers to consider the health benefits against the side effects and risks in formulating recommendations	The guideline[1] details the benefits and risks of implementing the recommendations. The Process manual[2] states that the guideline development group discussed the possible benefits and risks that patients could be exposed to when the guidance is implemented such as outcomes, experiences and the safety, effectiveness and efficiency of the treatment.	Criterion met

Domain	Criterion		Evidence for meeting the criterion	Accreditation decision
	3.6	Describes the processes of external peer review	The guideline[1] states that it was externally reviewed by two CCG commissioners, the RCPCH and the Strategic Clinical Network for Child Health and Wellbeing. Comments were considered and when appropriate information was amended by the guideline development group. The guideline has undergone a 4-week public consultation and all comments will be considered by the guideline development group at an interim review point in February 2015. Email correspondence shows that peer review by intended users such as CCG commissioners, multidisciplinary clinical staff, and those with remits to monitor and improve the patient experience have taken place.	Criterion met
	3.7	Describes the process of updating guidance and maintaining and improving guidance quality	The guideline details[1] the interim and full review dates on the front cover. The Process manual[2] states that a review is scheduled every 3 years. An interim update has been set for February 2015 but can be performed whenever it is regarded as necessary.	Criterion met
Clarity and presentation	**Does the guidance producer ensure that:**			
	4.1	Recommendations are specific, unambiguous and clearly identifiable	The recommendations made in the guideline[1] are specific and unambiguous and clearly identifiable. The recommendations are summarised at the start of the guideline. The Process manual[2] states that the guideline should use clear, unambiguous language and clearly defined terms to make sure users understand the recommendations.	Criterion met

Domain	Criterion		Evidence for meeting the criterion	Accreditation decision
	4.2	Different options for the management of the condition or options for intervention are clearly presented	Where there are options for commissioning or managing a condition these are clearly shown in the guideline[1]. The decision to commission a particular pathway will depend on the needs of the local population. The Process manual[2] explains that the commissioning guide does not aim to describe every possible care pathway or treatment option.	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 date of first publication of the guideline is documented on its front cover (September 2014). The proposed date for interim review is specified as February 2015. The guideline is scheduled for full review and update in 2017. The date that the primary evidence searches were undertaken are detailed in the guideline[1] and in the literature review tables provided in the Process manual[2].	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 content of the guideline[1] is suitable for the target audience of commissioners, clinicians and managers.	Criterion met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
Applicability	**Does the guidance producer routinely consider:**		
	5.1 Publishing support tools to aid implementation of guidance	Case studies showing how the recommendations were put into practice are provided in the guideline[1]. The RCPCH have "co-badged" the guideline and the Paediatric Continence Forum were endorsed by their representative organisations to aid dissemination of the guideline. The guideline[1] provides hyperlinks to algorithms produced by Map of Medicine and NICE, care pathways for paediatric continence services, commissioning and benchmarking tools and needs assessments.	Criterion met
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The guideline highlights potential cost and organisational barriers to implementing the recommendations such as those services which will need healthcare assistant and administrative support. Help with training is available via the charity ERIC. The Process manual[2] states that the guideline development group discussed possible organisational or financial risks that commissioners may need to overcome to implement the guideline such as equity of access for vulnerable groups and resource implications.	Criterion met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.3 That their guidance is current, with review criteria for monitoring and/or audit purposes within each product.	The guideline[1] contains a number of key outcome indicators and clinical outcomes such as rates for nocturnal enuresis and daytime wetting that can be audited against. The guideline facilitates service audit via the Public Health England (ChiMat) website and continence needs assessment module, through data on service outcomes and the local delivery of services.	Criterion met
Editorial independence	**Does the guidance producer:**		
	6.1 Ensure editorial independence from the funding body	The guideline[1] shows that the guideline development group produced it independently of commercial input and with no additional funding outside the Paediatric Continence Forum. The Process manual[2] states that the guideline development group was fully independent of the Paediatric Continence Forum's commercial membership and their commercial members did not fund its publication. The sponsor (the Paediatric Continence Forum) states it has ensured commercial interests did not influence the development of the guideline. The funding used to write the guideline was limited to expenses only for the guideline development group.	Criterion met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	The Process manual states that the guidelines sponsoring organisation is the Paediatric Continence Forum which is an independent national campaign group. All members of the guideline development group gave their time and only received expenses to carry out the development of the Process manual and guideline. The Paediatric Continence Forum states they resisted any influence from commercial interests when developing the guidance. The funding from commercial members of the Paediatric Continence Forum is directed solely to the general campaign activities.	Criterion met
	6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations	The guideline[1] states that all members of the guideline development group signed conflict of interest declarations. The Process manual[2] contains a copy of the 'Conflict of interest declaration' form which was completed by all members of the guideline development group and peer reviewers. However there is no explicit statement of whether any potential conflicts were identified for those involved in the development of the guideline, which would make a more transparent process.	Criterion met

Domain	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 guidance producer reduces the risk of bias affecting its recommendations by having a multi-disciplinary guideline development group. This group included lay members, peer review, editorial independence from the funding body and a policy to negate potential conflicts of interest.	Criterion met

[1] Paediatric Continence Commissioning Guide: A handbook for the commissioning and running of paediatric continence services (expected date of publication: Sept 2014)

[2] Paediatric Continence Forum, Commissioning Guidance, Process Manual (expected date of publication: Sept 2014)

Appendix B: NICE Accreditation Advisory Committee, external advisers and NICE Accreditation team

NICE Accreditation Advisory Committee

The 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 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 Guidance 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 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	Deputy General Manager for Emergency Care	Sheffield Teaching Hospitals NHS Trust
Professor	Ann	Caress	Professor of Nursing	University of Manchester and UHSM NHSFT
Ms	Joyce	Epstein	Lay member	Lay member
Dr	Steve	Hajioff	General Practitioner and Public Health Consultant	Public Health England

Ms	Ruth	Liley	Assistant Director of Quality Improvement	Marie Curie Cancer Care
Dr	Edward	Ng	General Practitioner	Ley Hill Surgery Sutton Coldfield
Ms	Judy	Birch	Lay member	Lay member
Dr	Mahendra	Patel	Principal Enterprise Fellow and Pharmacist Academic, University of Huddersfield	Universities of Huddersfield
Ms	Rita	Ranmal[1]	Clinical Standards Manager	Royal College of Paediatrics and Child Health
Dr	Karen	Ritchie	Head of Knowledge Management	Healthcare Improvement Scotland
Professor	Sasha	Sheppard	Professor of Health Services Research	University of Oxford
Ms	Mandy	Sainty	Research and Development Manager	College of Occupational Therapists
Professor	Martin	Underwood	Head of Division of Health Sciences, Professor of Primary Care Research	The University of Warwick
Dr	Stephen	Webb	Consultant in Anaesthesia & Intensive Care Medicine	Papworth Hospital NHS Foundation Trust
Dr	Donal	O'Donoghue	Consultant Renal Physician and Honorary Professor of Renal Medicine	Salford Royal NHS Foundation Trust and University of Manchester
Dr	Charles	Young	VP & Publishing Director, Wiley-Blackwell, Emergency Physician	St Thomas' Hospital, London

[1] Committee member declared a potential conflict of interest. This resulted in the committee member being able to participate in the discussion but not take part in any vote to accredit the guidance producer or otherwise.

Deputies

Title	Name	Surname	Role	Deputising for
Professor	William	McGuire	Professor of Child Health, Centre for Reviews and Dissemination, University of York	Professor Stuart Logan

External Advisers for this application

Dr Aung Soe, FRCPCH, Consultant Neonatologist, Medway Maritime Hospital, Gillingham, Kent, UK

Dr Paul Collins MB BCh MRCP MD, Consultant Gastroenterologist, Honorary Senior Clinical Lecturer, Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK

NICE Accreditation team for this application

John Huston, Accreditation Technical Analyst, National Institute for Health and Care Excellence, Manchester, UK

Deborah Collis, Associate Director, Accreditation, National Institute for Health and Care Excellence, Manchester, UK