

Guidance producer: The Richard Wells Research Centre
(The University of West London)

Guidance product: epic2: National evidence based
guidelines for preventing healthcare
associated infections in NHS Hospitals
in England

Date: 22 August 2013

Final accreditation report – individual guidelines programme

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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 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

It is proposed that the process used by **The Richard Wells Research Centre (The University of West London)** to produce the individual guideline '**epic2: National evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England**' is recommended for accreditation.

Background to the guidance producer

The epic guidelines were first commissioned by the Department of Health in 1998, revised in 2006 (epic2) and published in the Journal of Hospital Infection in 2001 and 2007 respectively. The guideline aims to prevent healthcare associated infections in NHS Hospitals in England.

This guideline may be suitable to contribute to the evidence base for the NICE quality standard for Infection control.

Summary

The Accreditation Advisory Committee considered that the process used to produce the guideline '**epic2: National evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England**' demonstrated compliance with 24 of the 25 criteria for accreditation.

The guideline is clear in its scope and purpose and the development process includes a variety of professional stakeholders and target users, with lay input. The guideline epic2: National evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England: Final Accreditation Report

results from a systematic process that considers the risks and benefits of evidence when formulating recommendations. The guideline provides clear recommendations in an appropriate language and format, with different options for treatment or intervention where they exist.

The epic2 guideline states the guideline was due to be updated in 2011 (4 years after publication). The review and update process is underway however so the process is being followed albeit later than planned. It is advised that the guidance producer review the information regarding updating in the updated version of the guideline.

Professor Martin Underwood

Chair, Advisory Committee

August 2013

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	Section 1.9 Introduction the epic2 guideline ¹ states that the purpose of the guideline is to describe clinically effective measures that can be used by healthcare workers for preventing infections in hospital and other acute care health services.	Criterion met
	1.2 The clinical, healthcare or social questions covered	Section 1.10 of the epic2 guideline ¹ Guideline development methodology explains how the review questions are developed and used. In each part of the guideline the process for developing search and systematic review questions are documented in the ‘Systematic review process’ section. The actual questions developed can be seen in the final section for each guideline.	Criterion met

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	1.3 Population and/or target audience to whom the guidance applies	<p>The 'Who are these guidelines for?' part of section 1.9 of the epic2 guideline¹ Introduction explains that the guideline is aimed at hospital managers, members of hospital infection control teams and individual healthcare practitioners.</p> <p>The population covered by each section of the guideline is described in the Introduction.</p>	Criterion met
	1.4 Guidance includes clear recommendations in reference to specific clinical, healthcare or social circumstances	<p>The epic2 guideline¹ is subdivided into sections headed by a question. The information within that section explains the evidence assessed and rationale used to arrive at a recommendation.</p>	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	<p>The Introductory section of the epic2 guideline¹ lists all of the names and affiliations of the people involved in both the guideline development team and Guideline Advisory group. In addition the Acknowledgements section also demonstrates that individuals and relevant stakeholders have been involved in guidance development outside of the groups involved in evidence assessment and peer review.</p>	Criterion 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	Information provided by the guidance producer stated the National Concern for Healthcare Infections, a service user charity, were included in the consultation exercise and the guidance producer also provided specific names of people involved. The Patient and Carer Group of the Royal College of Physicians responded to the consultation.	Criterion met
	2.3 Representative intended users in developing guidance.	The composition of the development team is described in sections 1.1 Guideline development team and 1.2 Guideline Advisory Group of the epic2 guideline ¹ . The affiliations listed with the names demonstrate that intended users are represented in the steering group and sub group.	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	Section 1.10 of the epic2 guideline ¹ Guideline development methodology describes the search process followed. This methodology outlines the process followed and sources searched at each stage in the guideline development process. Each section of the guideline contains a summary of the development methodology followed.	Criterion met

Domain	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	Throughout section 1.10 of the epic2 guideline ¹ inclusion and exclusion criteria are cited. The summary of development methodology documented in each guideline section further describes the reasons for inclusion and exclusion of evidence.	Criterion met
	3.3 Describes the strengths and limitations of the body of evidence and acknowledges any areas of uncertainty	The Quality assessment and data extraction section of the epic2 guideline ¹ describes how the evidence is classified using methods adopted from NICE and SIGN. Evidence tables were constructed from the quality assessments of the evidence. The tables demonstrating the levels of evidence and the classification of recommendations are documented within the guideline.	Criterion met
	3.4 Describes the method used to arrive at recommendations (for example, a voting system or formal consensus techniques like Delphi consensus)	<p>The method used to derive recommendations is not explicitly defined in the guideline. Factors influencing the recommendations are described under the Quality assessment and data extraction section.</p> <p>The guidance producer provided additional documentation demonstrating that the Guideline Development Group was provided with summaries of evidence and potential changes to recommendations. These were agreed through discussion at GDG face-to-face meetings and consensus arrived at.</p>	Criterion met

Domain	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	There is evidence of a process for the consideration of benefits and risks in the evidence base in formulating recommendations. For example in section 3.3 of the epic2 guideline ¹ describes that risk of infection is associated with the method and duration of catheterisation.	Criterion met
	3.6 Describes the processes of external peer review	Section 1.3 of the epic2 guideline ¹ Acknowledgements talks about organisations and groups playing a role in the peer review of the guideline. Section 1.9 outlines a consultation process. The Journal of Hospital Infection (JHI) peer reviewed the final guideline as part of its normal editorial processes.	Criterion met
	3.7 Describes the process of updating guidance and maintaining and improving guidance quality	The section 'How frequently are these guidelines updated?' in the epic2 guideline ¹ states the process and timescales for review. It states the evidence base will be reviewed in 2009 and the guideline updated in 2011 (4 years after publication). This process was followed however the timescales were not and so it is advised that the guidance producer review the information regarding updating in the next update of the guideline, which is underway.	Not fully met
Clarity and	Does the guidance producer ensure that:		

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision	
presentation	4.1	Recommendations are specific, unambiguous and clearly identifiable	The recommendations are specific and unambiguous and clearly identifiable. Section 1.8 of the epic2 guideline ¹ Summary of guidelines contains all recommendations. Then within the relevant parts of the guidelines the recommendations are clearly demarcated.	Criterion met
	4.2	Different options for the management of the condition or options for intervention are clearly presented	Where there are options for treatment and or intervention these are clear.	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 publication is documented on the front cover (February 2007). The date of searches is given as 1 January 1999 to 31 August 2005. The proposed date for review is specified as 2011.	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 epic2 guideline ¹ is suitable for the target audience of all hospital professionals.	Criterion met
Applicability	Does the guidance producer routinely consider:			

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	5.1 Publishing support tools to aid implementation of guidance	Although no support tools are included or referenced in the guideline section 'How can these guidelines be used to improve your clinical effectiveness?' explains how they can be used as a benchmark and facilitate ongoing quality improvements. In addition when the guideline was provided and published online (freely available) there was a dissemination and implementation strategy.	Criterion met
	5.2 Discussion of potential organisational and financial barriers in applying its recommendations	The section 'How much will it cost to implement these guidelines?' shows that there has been consideration of financial and organisational barriers to implementing the recommendations within the guidelines.	Criterion met
	5.3 That their guidance is current, with review criteria for monitoring and/or audit purposes within each product.	Each guideline has a section containing key audit criteria.	Criterion met
Editorial independence	Does the guidance producer:		

Domain	Criterion	Evidence for meeting the criterion	Accreditation decision
	6.1 Ensure editorial independence from the funding body	Section 1.6 of the epic2 guideline ¹ describes the relationship of author with sponsor. As there are processes in place to ensure the funding body cannot affect the outcome of the guidelines this criterion is met.	Criterion met
	6.2 Demonstrate transparency about the funding mechanisms for its guidance	Section 1.4 of the epic2 guideline ¹ 'Funding' states the Department of Health.	Criterion met
	6.3 Record and state any potential conflicts of interest of individuals involved in developing the recommendations	Section 1.5 of the epic2 guideline ¹ states there are no conflicts of interest. The guidance producer stated that they confirm conflicts of interest were declared at each GDG for epic2. If a conflict of interest was related to an element of the guideline evidence or recommendation the member of the committee was requested to leave the room during the discussion and consensus decision-making.	Criterion met
	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 by having a multi compositional group including lay members, wide consultation and peer review.	Criterion met

¹ epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

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
Dr	Adrian	Brown	Principal Screening Advisor	NHS England
Professor	Ann	Caress	Professor of Nursing	University of Manchester
Ms	Joyce	Epstein	Lay member	Lay member
Dr	Elvira	Garcia	Public Health Medicine Consultant	Locum

Dr	Steve	Hajioff	General Practitioner and Public Health Consultant	Public Health England
Ms	Ruth	Liley	Assistant Director of Quality Improvement	Marie Curie Cancer Care
Professor	Stuart	Logan	Professor of Paediatric Epidemiology	Peninsula College of Medicine & Dentistry
Dr	Edward	Ng	General Practitioner	Ley Hill Surgery Sutton Coldfield
Dr	Carl	Parker	Primary Care Medical Advisor	North Tees and Hartlepool Foundation Trust
Dr	Mahendra	Patel	Senior Lecturer & Consultant Pharmacist	Universities of Huddersfield and Bradford
Ms	Rita	Ranmal	Clinical Standards Manager	Royal College of Paediatrics and Child Health
Dr	Karen	Ritchie	Head of Knowledge Management	Healthcare Improvement Scotland
Dr	Pete	Smith	Vice President	National Association of Primary Care
Dr	Sara	Twaddle	Head of Evidence & Technologies / Director of SIGN	Healthcare Improvement Scotland
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

Deputies

Title	Name	Surname	Role	Deputising for
Ms	Josephine	Kavanagh	Research Officer, Institute of Education	Professor Sandy Oliver

External Advisers for this application

Mandy Sainty, Research and Development Manager, College of Occupational Therapists, London, UK

epic2: National evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England: Final Accreditation Report

Adrian Palfreeman, Consultant Physician University Hospitals Leicester, UK

NICE Accreditation team for this application

Stephanie Birtles, Accreditation Technical Analyst, National Institute for Health and Care Excellence, Manchester, UK