Developing NICE Guidelines: the manual



Consultation on draft updated Manual – deadline for comments 17.00 on Monday 25 June 2018 email: <u>GuidelinesManualUpdate2018@nice.nhs.uk</u>

| | | Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. | | | | | |
|--|--|---|---|--|--|--|--|
| Organisation name – (if you are responding as an individual please leave blank): | | [Complementary and Natural Healthcare Council (CNHC)] | | | | | |
| Name of person completing form: | | [Michael Watson] | | | | | |
| Comment number | Chapter number / Appendix / Glossary) | Page number Or 'general' for comments on the whole document | Line number Or 'qeneral' for comments on the whole document | Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table. | | | |
| 1 | 1.4 | 4 | 11 | We support NICE's commitment to a principle that the evidence used is 'the best available'. | | | |
| 2 | 1.4 | 5 | 2 - 5 | We are pleased to see recognition that randomised controlled trials are not always the most appropriate form of evidence to assess the efficacy and effectiveness (including cost-effectiveness) of an intervention and that other (non-randomised) evidence may also be considered. | | | |
| 3 | 1.4 | 5 | 2 - 7 | We are also pleased to see that non-randomised evidence may include qualitative evidence such as 'the experience of people using services and how this contributes to outcomes', which we take to mean Patient-Reported Outcome Measures (PROMS). We believe this is particularly important in areas where there is no funding for randomised controlled trials and yet patients report positive outcomes. | | | |
| 4 | 1.4 | 5 | 7 - 9 | We are also pleased to see recognition of the fact that 'for some topics, there is little evidence from scientific studies, or the evidence is weak or contradictory.' And so that 'In these cases, we look for evidence from other sources to see if it concurs or differs ('triangulation').' | | | |
| 5 | 1.4 | 5 | 9 - 12 | Given the weight given to the expert testimony in such cases where there is little or no evidence, we would want to see an unbiased and transparent process used in the recruitment of the relevant experts. | | | |
| 6 | 1.4 | 5 | 27 - 29 | We are aware that NICE is updating its approach to involving the public in the development of NICE guidelines via its Public Involvement Programme and would want to see a greater representation from those who have not historically been involved, and to users of the relevant services or approaches being considered. | | | |
| 7 | 1.5 | 7 | 5 | It would be helpful for the role of Committee Chair to be spelled out in this section as it is somewhat invisible as currently set out here. | | | |
| 8 | 1.5 | 7 | 12 - 14 | We would want to see clear and transparent processes used to recruit committee members, in particular those who | | | |

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| | | | | are users of services or family members or carers, or members of the public. |
|----|-----|-----|---------|--|
| 9 | 1.5 | 7 | 15 - 16 | As in our comment 7 above, we would want to see clear and transparent processes for the co-option of expert |
| | | | | members to guideline development committees. |
| 10 | 1.5 | 9 | 15 | We would want to see evidence that NICE has addressed any issues of potential bias amongst NICE staff involved with quality assurance and all processes involved in guidelines development in line with NICE's revised policy on conflict of interest, We also suggest setting out the role of committee chair in this section and making reference to the process for selection of committee chair, which we note is set out in Appendix D. |
| 11 | 1.5 | 10 | 18 – 21 | In particular we would want to see clear and transparent processes for selection of the evidence review team, especially where developers commission other organisations to review the evidence. |
| 12 | 2.3 | 32 | 6 - 8 | We note the guidance that NICE staff responsible for quality assurance and NICE's PIP team routinely review the list of registered stakeholders to check whether organisations are missing. We also suggest that the NICE manual includes guidance to publicise guideline development / update on social media and in relevant publications at an early stage of the process to ensure the greatest possibility of involvement of relevant stakeholders. This comment is based on previous experience of an update to a NICE guideline in which the majority of stakeholders in that sector were unaware of the existence of the update and so were not registered stakeholders which meant they were not contacted by NICE. |
| 13 | 3.3 | 39 | 24 | It would be helpful to provide a url link to the relevant section of Appendix D. |
| 14 | 3.3 | 40 | 10 | It would be helpful to provide a url link to the relevant section of Appendix D (and similarly through the document where mentioned). |
| 15 | 3.6 | 45 | 26 - 28 | We suggest amending the first sentence as follows – suggested changes marked in italics for visibility: All committee members, <i>including the chair</i> , and anyone who has direct input into the guideline (including 26 the developer and expert witnesses) must declare any potential conflicts of interest 27 in line with NICE's code of practice for declaring and dealing with conflicts of interest. |
| 16 | 3.6 | 45 | 29 | We suggest amending the wording as follows – suggested change marked in italics For committee members, <i>including the chair</i> , this happens on application for committee membership. |
| 17 | 9.3 | 181 | 2-7 | We are pleased to see the focus on shared decision-making and the significance of taking into account someone's values and preferences. |

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as an Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.

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- Do not include medical information about yourself or another person from which you or the person could be identified.
- · Spell out any abbreviations you use
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