

Management of NICE and other National Guidance Policy

Policy information

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Summary of document:

The purpose of this document is to set out Hywel Dda University Health Board's policy for implementing, monitoring, and reporting progress in relation to NICE guidance and Quality Standards thus ensuring continual improvement in the quality of services provided against evidence based best practice standards.

Scope:

The policy applies to all areas of practice within all specialties and must be observed by all practising clinicians, associated general managers, service delivery managers, service managers, and the corporate body at Hywel Dda University Health Board (the Health Board). The Health Board has an expectation that contractors associated with the Health Board and responsible for the management of patients in the Health Board area will observe the guidance in this document.

The policy includes all national guidance and NICE guidance, including guidance endorsed by NICE, except medicines related guidance from the NICE Technology Appraisal programme, and AWMSG drug recommendations. For these, see [268 - Medicines Policy \(Acute, Mental Health, Learning Disabilities and Community Services\)](#) (opens in new tab).

The policy does not replace the duty and professional accountability of staff to be able to detail all relevant policies, guidelines or standards which were applied or considered whilst delivering care.

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To be read in conjunction with:

[012 - New Interventional Procedures Policy](#) (opens in new tab)

[005 - Clinical Audit Policy](#) (opens in new tab)

[190 - Written Control Document Policy](#) (opens in new tab)

[268 - Medicines Policy \(Acute, Mental Health, Learning Disabilities and Community Services\)](#) (opens in new tab)

[008 - Consent to Examination or Treatment Policy](#) (opens in new tab)

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NICE Guidance, Clinical Guidance, National Guidance, Technology Appraisal, Medical Technologies Guidance, Interventional Procedures Guidance.

Abbreviations:

AMaT – Audit Management and Tracking (System)

AWMSG - All Wales Medicines Strategy Group (Welsh Government)

CSGG – Clinical Standards and Guidelines Group

CWCDG - Clinical Written Control Documentation Group (Health Board)

CHP- Clinical Health Pathways

DG - Diagnostics Guidance (NICE)

ECPAP - Effective Clinical Practice Advisory Panel (Health Board)

GMS - General Medical Services (GPs)

HDUHB - Hywel Dda University Health Board

HTW – Health Technology Wales

IPG - Interventional Procedures Guidance (NICE)

MHLD - Mental Health & Learning Disabilities (Health Board directorate)

MMOG - Medicines Management Oversight Group (Health Board)

MTG - Medical Technologies Guidance (NICE)

NG - NICE Guideline, encompassing the former clinical guidelines, public health guidelines, social care guidelines, and medicines practice guidelines.

NHS - National Health Service

NICE - National Institute for Health and Care Excellence

QSIG – Quality Safety and Intelligence Group

QS - Quality Standard (NICE)

TA- Technology Appraisal (NICE)

TAG – Therapeutics Advisory Group

WHC - Welsh Health Circular (Welsh Government)

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Introduction

Evidence-based National guidance and standards should be followed by all health professionals in order to provide high standards of health and social care to patients within Hywel Dda University Health Board (HDUHB).

This document sets out the procedures to be followed throughout the Health Board to support the delivery of the Health Board's ambition for clinical effectiveness, in line with the Health Board's strategic and planning objectives. It will do this by outlining the process for the dissemination, implementation and monitoring of National Institute for Health and Care Excellence (NICE) guidance (in line with Welsh Government expectations), Health Technology Wales (HTW) guidance, and where relevant, national guidance and directives published by the Welsh Government, and professional regulators, including the Royal Colleges.

The Health Board's Clinical Standards and Guidelines Group (CSGG) is responsible for supporting clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines and use this information to learn and improve; and overseeing the adoption, implementation of and adherence to nationally recognised clinical standards and guidance. The CSGG will support the application of this policy through the operational responsibilities outlined within its Terms of Reference.

Exceptions apply to the dissemination, implementation and monitoring of NICE medicines related TAG and All Wales Medicines Strategy Group medicines recommendations, which are managed by Medicines Management under the provisions of the [268 - Medicines Policy \(Acute, Mental Health, Learning Disabilities and Community Services\)](#) (opens in new tab). NICE technologies that are not medicines related will remain within the scope of this document

The procedure for implementation of Interventional Procedures Guidance (IPG) is set out in the Health Board's [012 - New Interventional Procedures Policy](#) (opens in new tab).

Professional Compliance with NICE and other National guidance.

This policy does not replace the duty and professional accountability of staff to be able to detail all relevant policies, guidelines or standards which were applied or considered whilst delivering care. The Health Board as a provider and commissioner of health and social care services has a responsibility to promote application and adherence to guidance where applicable, supported by shared decision making between individual health care professionals and patients or service users.

When exercising their clinical judgment, clinicians are expected to take NICE, HTW and other relevant guidance including Community Health Pathways fully into account alongside the individual needs, preferences and values of their patients or service users. The application of NICE and HTW recommendations is non mandatory, and NICE and HTW guidance does not override the responsibility of clinicians to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian. The clinician will be expected to document any deliberate and informed departure from relevant guidance through the principles of good administration and good records as they apply to the clinical context.

Clinical Disagreement with NICE Recommendations

A court decision on an NHS organisation's responsibilities for implementation of NICE guidelines indicated that 'not agreeing' with recommendations in a guideline was not sufficient reason for non-implementation (*Rose v NHS Thanet Clinical Commissioning Group* (2014)).

Clinicians are expected to take fully into consideration NICE and other relevant guidance recommendations when making clinical judgements. Where relevant guidance is not adhered to, based on an individual patient's clinical situation, this must be discussed with the patient, consent must be obtained (Refer to the Health Board's [008 - Consent to Examination or Treatment Policy](#) (opens in a new tab)), and this must be clearly documented in the individual patient's notes.

Where clinical guidance may differ and there is routine clinical disagreement about which guidance should be followed, clinicians should seek National guidance in the first instance as every effort must be made to reduce unwarranted variation in care across Wales. Where variation may be warranted, for example due to lack of local service provision, this must be escalated to the relevant Clinical Care Group for discussion and escalation as required. Where there is a potential medico-legal risk to the individual healthcare professional and the health board this must be documented on the relevant risk register. When consensus cannot be reached with the individual CCG this should be escalated to with the decisions made this should be referred to the Effective Clinical Practice Advisory Panel for discussion.

It is recognised that implementation of guidance may require significant service redesign and financial planning. Where the service wishes to implement NICE or other National guidance, it may be necessary to develop action plans to address any recommendation that cannot be fulfilled. This may involve the completion of baseline assessment tools and development of associated business cases.

Assurance of systems and processes, and status of implementation of NICE guidance at the Health Board sits with the Executive Medical Director. Services and individual clinicians are responsible for adhering to the processes outlined within this policy.

Scope

This policy applies to all clinicians, managers and employees within the Health Board, including temporary staff and contractors.

The policy includes NICE guidance and other relevant national guidance, such as Health Technology Wales guidance.

The policy defines the CSGG's accountability in advising the Effective Clinical Practice Advisory Panel of any clinical, financial, or other risk to the organisation in relation to the implementation (or otherwise) of National guidance. This will include ensuring the escalation of clinical, financial, or other risks to the Effective Clinical Practice Advisory Panel where appropriate.

Whilst the policy includes Primary Care, as independent contractor's primary care practitioners are not obliged to follow this document. However, Primary Care clinicians have a professional duty to follow

best practice guidance and GMS contract states that care should be delivered after consideration of relevant Nationally agreed clinical guidance or Pathways (including CHP) and in discussion with the patient.

Aim

The aim of this document is to:

- Outline how NICE, HTW and other relevant national guidance will be disseminated throughout the Health Board, including the systems and processes in place to monitor the implementation and risk assessment of relevant guidelines. This will include the effective documentation of implementation status and action required to improve the quality of services.
- This will enable individual clinicians and service areas to assess the services they provide against the standards set out in NICE and other relevant national guidance, and to use this information to learn and improve, as part of the quality cycle.

Objectives

The aim of this document will be achieved by the following objectives:

- Advocate a consistent system approach to the dissemination of NICE and other relevant national guidance.
- Ensure awareness of new and updated NICE guidance through supporting specialties/service areas to sign-up as stakeholders and comment on guidelines in consultation.
- Process the dissemination of all NICE guidance and other relevant national guidance promptly to appropriate members of staff/service leads.
- Identify effective systems and processes to record implementation status of NICE and other relevant national guidance; and provide assurance if requested.
- Request assessments of implementation status of NICE and other relevant national guidance.
- Support the identification of gaps and barriers and action required to improve the quality of services, including deviation from guidelines.
- Ensuring effective risk management is in place where recommendations cannot be implemented, including the development of action plans to mitigate risk where necessary.
- Support services and individual clinicians to implement and present relevant guidance to the Clinical Standards and Guidelines Group.

Types of Guidance included in this Policy

NICE Guidelines

NICE guidelines set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings. They help health and social care professionals to:

- Prevent ill health
- Promote and protect good health
- Improve the quality of care and services
- Adapt and provide health and social care services

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NICE use current evidence to develop recommendations to improve health and social care which takes many forms. They include NICE guidelines (clinical, social care, public health, medicines practice), technology appraisals, interventional procedures, medical technologies, diagnostics, and highly specialised technologies.

Implementation of NICE guidance aims to reduce the variation of quality in health care available across the National Health Service (NHS), whilst providing best value for the NHS and social care. NICE guidance has a number of benefits including the facilitation of new treatments and technologies being made available in the NHS and social care sector; whilst assisting professionals and service-users to make individualised, informed, and evidence-based choices and decisions about their health and care.

The Welsh Government is working with NICE to improve quality in health and social care in Wales and have issued a position statement in relation to NICE guidance.

To support the Welsh Government to improve services and support their long-term plan, they expect health boards, local authorities and trusts to:

- Disseminate scope publications/ consultations to Speciality/Clinical Leads,
- Promote opportunities for health care professionals to sign up as stakeholders and comment on developing guidelines.
- Develop systems and processes for disseminating, implementing and risk assessing against NICE guidelines and quality standards
- Identify any gaps and actions required to improve the quality of services
- Provide assurance to Welsh Government that NICE guidelines have been considered, if requested
- Ensure that new medicines recommended are available within 60 calendar days of the Final Appraisal Determination (FAD)

As well as clinical guidelines, NICE also publish antimicrobial prescribing, public health, and social care guidelines.

NICE Quality Standards

NICE Quality standards set out the priority areas for quality improvement in health and social care.

They cover areas where there is variation in care. Each standard provides:

- A set of statements to help quality improvement
- Information on how to measure progress

NICE Interventional Procedures Guidance

NICE Interventional Procedures Guidance (IPG) looks at procedures used for diagnosis or treatment. It considers if they are safe and work well enough for wider use in the NHS.

An interventional procedure covers a broad range of topics. It can include things like:

- Making a cut or a hole to gain access to the inside of a patient's body, for example carrying out an operation or inserting a tube into a blood vessel
- Gaining access to a body cavity without cutting, for example carrying out treatment inside the stomach using an instrument inserted via the mouth

- Using electromagnetic radiation, for example using a laser to treat eye problems.

The Health Board's procedure for implementation of Interventional Procedures Guidance is set out in the Health Board's [012 - New Interventional Procedures Policy](#) (opens in new tab).

NICE Diagnostic Guidance

Diagnostics Guidance evaluates new, innovative diagnostic technologies. It includes all types of measurements and tests that are used to evaluate a patient's condition.

Diagnostic technologies may be used for various purposes including:

- Ruling in or out a specific disease
- General examination looking for clues to the cause of the symptoms
- Staging, or additional testing to assess how advanced or severe the disease is
- Monitoring a patient over time to determine changes in their condition
- Screening tests to look for conditions in patients without signs or symptoms of the specific condition.

NICE Medical Technologies Guidance

Medical Technologies Guidance evaluates new, innovative medical devices and diagnostics and looks at medical technologies that:

- Deliver treatment - like those implanted during surgical procedures
- Give greater independence to patients
- Detect or monitor medical conditions.

Health Technology Wales Guidelines

Health Technology Wales is funded by the Welsh Government. It is a national independent body working to improve the quality of care in Wales. HTW collaborate with partners across health, social care and the technology sectors to ensure an all-Wales approach.

This covers any technology or model of care and support in health and social care that isn't a medicine. Within health, this could include medical devices, diagnostics, procedures and psychological therapies. Within social care, this could include equipment, or different models for supporting families, children, adults and the workforce.

HTW research and evaluate the best available effectiveness and cost-effectiveness evidence about a health or social care technology. Based on this evidence, HTW publish guidance on whether the health or social care technology should be adopted for use in Wales.

Whilst HTW guidance is non mandatory, there is an expectation from Welsh Government that HTW guidance is considered for adoption. The status of HTW guidance is '**adopt or justify**'. Each health board is expected to report on how they have considered adopting guidance and are requested to outline their rationale and justify decisions if decision made is not to adopt guidance.

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HTW also regularly monitor adoption of guidance on non-medicine health and social care technologies. This includes HTW guidance and guidance from other organisations, such as [NICE \(The National Institute for Health and Care Excellence\)](#) (opens in new tab).

Other Types of Guidance

Other relevant guidance can commonly include: All Wales guidance, Royal Colleges and other UK and European professional bodies' guidance. However, this list is not exhaustive and other relevant national guidance can be included.

Guidelines Adoption Procedure

Raising Awareness of Upcoming NICE Guidance

The Health Board will ensure that awareness is raised of upcoming or updated NICE guidance by supporting specialties/service areas to sign-up as stakeholders and comment on developing guidelines out for consultation.

NICE guidance scope publications will be sent to the service triumvirate or identified lead with a request to consider signing up as a stakeholder, which provides an opportunity to comment on developing guidelines out for consultation.

Where services wish to sign up as stakeholders, the process of submitting comments will be facilitated by the Clinical Effectiveness Project Support Officer.

Dissemination of NICE Guidelines, HTW Guidance and other relevant National Guidance The Health Board uses an electronic system for managing the dissemination of NICE, HTW and other relevant national guidance, called Audit Management and Tracking (AMaT).

Follow link to register now: <https://HywelDda.amat.co.uk> (opens in new tab).

All newly published NICE and HTW guidance will be disseminated to the service triumvirate or identified lead through AMaT. Once allocated on AMaT, an automatic email is generated to prompt the identified lead to undertake a compliance review.

Where the appropriate service lead cannot be easily identified advice will be sought from the Clinical Standards and Guidelines Group on who the guidance should be disseminated to.

Services and individual clinicians will receive training on how to access and use the AMaT system. Newly published and updated NICE guidelines and other relevant National guidelines will additionally be disseminated using the following methods:

- Summary provided at each Clinical Care Group Quality and Safety meetings including the relevant subgroups.
- Inclusion in the Hywel Dda University Health Boards Biannual NICE and National Guidance Bulletin
- Links to newly published and updated guidance on the Health Board intranet

Monitoring the Implementation of, and Risk Assessment against, NICE Guidelines, HTW Guidance and other relevant National Guidelines

Following receipt of newly published guidance through AMaT, the service triumvirate or identified lead will be prompted to complete a compliance review statement, against the NICE guidance elements, or record an adopt or justify approach to HTW guidance, recording any reasons of justification. This will be captured and recorded on AMaT, providing a transparent central repository.

This will enable an assessment of the guidance compliance status and identification of any barriers and/or risks.

Timely completion is essential and compliance status should be completed within eight weeks.

The identified lead will be supported by the Clinical Effectiveness Team to determine whether a full baseline assessment is required.

The Identification of Barriers and Risks

Where the compliance review identifies that the guidance is partially achieved or not achieved, and barriers and risks have been highlighted, services will be supported to utilise a range of tools to aid service and financial planning.

This includes NICE resources such as the baseline assessment tool which accompanies all published guidelines and is available within AMaT.

NICE baseline assessment tools can be used to evaluate current practice and plan activity to meet the recommendations, which can inform next steps including clinical audit; a business case for investment; or the design of a quality improvement project for example. The Clinical Effectiveness Team will facilitate collaboration across teams where further support is required.

Where a business case has been developed by the service, this will be taken through the appropriate Clinical Care Group.

Recording of Implementation Status, Variation from Guidelines and Risk Management

Implementation status, deviation and areas of risk will be held within AMaT, which provides a transparent central repository for assurance and effective governance. Service areas/specialties will have responsibility for reviewing and recording this and will be supported by the Clinical Effectiveness Team.

Identified risks will be managed via service area/specialty Datix risk registers. Risks above accepted tolerance levels, and those for which acceptable mitigation cannot be identified are provided by the risk team will be discussed at the Clinical Standards and Guidelines Group, and may be escalated to the Effective Clinical Practice Advisory Panel for further advice and support on their management.

Reporting/ Assurance to Health Board and Welsh Government that NICE Guidelines have been considered

The Welsh Government expects the Health Board to provide assurance that NICE guidelines have been considered. If requested by the Welsh Government, the Health Board will utilise AMaT to provide

assurance of the consideration of NICE guidelines. This will include the implementation status, identify variation and identified risks.

Reporting

Monthly reports, produced by AMaT, will be made available to demonstrate overall status of guidelines across each of the Clinical Care Groups.

Compliance status of guidance and baseline assessment completions will be presented at the appropriate Clinical Care Group and subsequent subgroups for scrutiny, monitoring and escalation.

Following discussion at the Clinical Standards and Guidelines Group, the appropriate Clinical Care Group will have the ability to refer any issues to the Effective Clinical Practice Advisory Panel, should further advice, support and recommendations be required.

Where significant risks, both clinical and financial, are escalated to the Effective Clinical Practice Advisory Panel, the Panel will consider the impact and any inability to implement the guidance and advise on any further escalation to the Quality Safety and Intelligence Group (QSIG) as appropriate.

Audit and Monitoring

Routine and regular audit of practice and service provision against NICE guidance must be made, be it through national mandatory programmes or local data collection approved through the Audit Department processes. Audit of practice against NICE guidance must be included in departmental and Health Board audit programmes in accordance with Health Board priorities. It must aim to drive forward quality improvement, contribute data to NICE quality standard routines, and inform annual reporting.

Barriers to Implementation of NICE Guidance

Resources and Financial Planning

The Health Board is expected to implement NICE guidance and other relevant guidance although it is recognised that this may require service redesign and financial investment.

If any NICE or other relevant guidance cannot be fully implemented due to budgetary constraints, this must be identified within the status report or baseline assessment to ensure that it can be assessed by the relevant Clinical Care Group. Financial or clinical risks that cannot be managed within the Clinical care Group should be escalated through the relevant governance structures to inform implementation guidance and take in account of the Clinical Care Group and Health Board priorities and any gaps in the implementation of national guidance.

Governance

Clinical Care Groups

Clinical Care Groups will:

- Ensure and monitor implementation of relevant guidance, including NICE guidance.

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- Be responsible for monitoring risks associated with the implementation of guidance, ensuring that all identified risks are appropriately captured, and that risks above agreed tolerance levels are regularly updated and sufficiently mitigated.
- Be responsible for critically reviewing national guidelines, within the scope of the group and considering action as required. This includes the development of business cases to enable recommendations to be met.
- Refer to the Effective Clinical Practice Advisory Panel for advice, support and recommendations to address any identified clinical effectiveness issues and risks that cannot be resolved.

Clinical Standards and Guidelines Group

The Clinical Standards and Guidelines Group will:

- Oversee the adoption, implementation of and adherence to nationally recognised clinical standards and guidance that are relevant to the HB Strategic Plan. It will be responsible for guiding the development of systems, processes and procedures that support the implementation of NICE and other relevant national guidance within the Health Board. This will predominantly be managed through the AMaT system
- Provide advice and support and make recommendations to address identified challenges with regard to meeting the expectations outlined within this policy.
- Refer to the Effective Clinical Practice Advisory Panel for further advice and support if specialties/clinical teams are unable to meet expectations, following the advice and support provided by the CSGG.
- Provide assurance to the Effective Clinical Practice Advisory Panel that the Health Board is meeting the expectations set out regarding NICE and other relevant national guidance. This includes guidance dissemination, review of guidance, implementation and risk assessment; the identification of gaps and action required to improve the quality of services, including deviation from guidelines; and that correct governance, documentation and record keeping is in place.

Effective Clinical Practice Advisory Panel

The Effective Clinical Practice Advisory Panel will:

- Support clinicians and healthcare professionals to examine and improve the quality of care, through a range of activities, including assessment against local and national clinical effectiveness standards and using this to learn and improve the outcomes of patients and service users.
- Provide assurance to the Executive Lead that robust arrangements are in place for the delivery of safe, effective standards and evidence based clinical practice across Health Board activities
- Provide a forum to provide advice, support and recommendations to address any issues escalated to it by the CSGG, in relation to the implementation of NICE and other relevant national guidance.
- Escalate to the Quality, Safety and Intelligence Group (QSIG) any issues or areas of risk associated with the failure to implement guidance where they cannot be appropriately resolved. Escalation will be made both when there is high risk, inability to provide assurance, and where it is considered that QSIG should be made aware or informed of an issue.
- Advise QSIG when the organisation is unable to implement NICE or other relevant national guidance

Implementation

The policy will be implemented, as appropriate, by clinical leads and service areas within their specialty/service area. Clinical leads and service areas will implement NICE and other relevant guidance, as appropriate, with the support of the Board, management, and other clinical staff where necessary, and as described in this policy.

The policy will be available on the intranet and will be disseminated to all members of staff through global email. It will also be disseminated to all specialty clinical leads and named members of operational management teams.

Responsibilities

Chief Executive

The Chief Executive has overall responsibility for ensuring the Health Board has appropriate Written Control Documents (WCD) in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidence-based, and sustainable. As the accountable officer they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. The Chief Executive delegates this responsibility to the Medical Director.

Medical Director

The Medical Director is responsible for ensuring the provision of appropriate resources to facilitate the implementation of the standards outlined within this policy. They have the responsibility to:

- Ensure that NICE and other National guidance is appropriately considered and implemented where possible within the Health Board
- Ensure that systems are in place for maintaining compliance with this policy, facilitating barriers and risks to be clearly documented and escalated appropriately
- Ensure that systems are in place to monitor compliance with this policy and provide assurance to Welsh Government if requested.

Service and Clinical Leads

All Health care professionals are expected to consider NICE and other National guidance through the delivery of care within their services. Nominated Service and Clinical Leads must acknowledge and maintain ownership for allocated guidelines and are responsible for:

- Ensuring completion of compliance review statement against the guidance elements recorded within AMaT in a timely manner
- Considering whether a full base line assessment is required, supported by the Clinical Effectiveness Team.
- Ensuring completed baseline assessments are uploaded onto AMaT and submitted for discussion through the appropriate Clinical Care Group and subsequent subgroups.
- Ensuring effective risk management is in place when gaps or barriers have been identified, utilising relevant support tools such as the risk register/action plans.
- Recording and reviewing implementation status and areas of risk, with support from the Clinical Effectiveness Coordinator
- Escalating clinical, financial or other risks as appropriate.

- How routine deviation are monitored and any adverse outcome in relation to the deviation is recorded

Clinical Effectiveness Co-ordinator

The Clinical Effectiveness Co-ordinator is responsible for:

- Ensuring consistent dissemination of new and updated NICE and other relevant guidance through AMaT
- Developing and publishing NICE and National Guidance Bulletin biannual reports
- Providing support to specialities/ services to sign up as stakeholders and comment on guidelines in consultation
 - Supporting services/ specialities with identification of gaps and barriers in guideline implementation

Supporting services signed up as stakeholders to submit comments to NICE

- Escalating concerns as appropriate.
- Monitoring and reporting on benchmarking compliance against NICE and other National guidance.
- Provide and share percentage compliance data biannually.

Clinical Audit

Clinical Audit of NICE and other National guidelines must be undertaken where appropriate, to support continuing monitoring and improvement of quality care provision and patient experience.

- Audit of practice against NICE guidance is to be included in departmental and Health Board audit programme in line with Health Board priorities, including National mandatory audits
- Audit and monitoring of NICE and other National guidance will inform discussions with services to identify areas of improvement priorities

References

National Institute for Health and Care Excellence (NICE) - <http://www.nice.org.uk/> (opens in new tab)

Guidance for health boards, trusts and other stakeholders on how to follow NICE guidelines – Welsh Government - <https://gov.wales/national-institute-health-and-care-excellence-nice-guidelines> (opens in new tab)

NICE Into Practice resources - <https://www.nice.org.uk/about/what-we-do/into-practice> (opens in new tab)

Into practice guide - <https://www.nice.org.uk/about/what-we-do/into-practice/resources-help-putguidance-into-practice> (opens in new tab)

Developing NICE Guidelines: the manual - <https://www.nice.org.uk/process/pmg20/chapter/introduction> (opens in new tab)

Good Medical Practice guidance : [good-medical-practice-2024---english_pdf-102607294.pdf](#)

Appendix 1 – Process flow chart NICE and other National Guidance

Process flow chart.

