NATIONAL CLINICAL EFFECTIVENESS COMMITTEE

Tús Áite do Shábháilteacht Othar
Patient Safety First

Framework for Endorsement of National Clinical Guidelines

April 2015

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Abbreviations

GDG	Guideline Development Group
HIQA	Health and Information Quality Authority
NCEC	National Clinical Effectiveness Committee

1. National Clinical Effectiveness Committee

The National Clinical Effectiveness Committee (NCEC) was established as part of the Patient Safety First Initiative. The NCEC is a partnership between key stakeholders in patient safety. NCEC's mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient and service user care. The NCEC has a remit to establish and implement processes for the prioritisation and quality assurance of clinical guidelines and clinical audit so as to recommend them to the Minister for Health to become part of a suite of National Clinical Guidelines and National Clinical Audit.

The aim of the suite of National Clinical Guidelines is to provide guidance and standards for improving the quality, safety and cost-effectiveness of healthcare in Ireland. The implementation of these National Clinical Guidelines will support the provision of evidence-based and consistent care across Irish healthcare services. NCEC's process for endorsement of National Clinical Guidelines involves a number of steps as outlined in Figure 1.

NCEC Terms of Reference[1]

1. Provide strategic leadership for the national clinical effectiveness agenda.
2. Contribute to national patient safety and quality improvement agendas.
3. Publish standards for clinical practice guidance.
4. Publish guidance for National Clinical Guidelines and National Clinical Audit.
5. Prioritise and quality assure National Clinical Guidelines and National Clinical Audit.
6. Commission National Clinical Guidelines and National Clinical Audit.
7. Align National Clinical Guidelines and National Clinical Audit with implementation levers.
8. Report periodically on the implementation and impact of National Clinical Guidelines and the performance of National Clinical Audit.
9. Establish sub-committees for NCEC workstreams.
10. Publish an Annual Report.

Definition of a clinical guideline

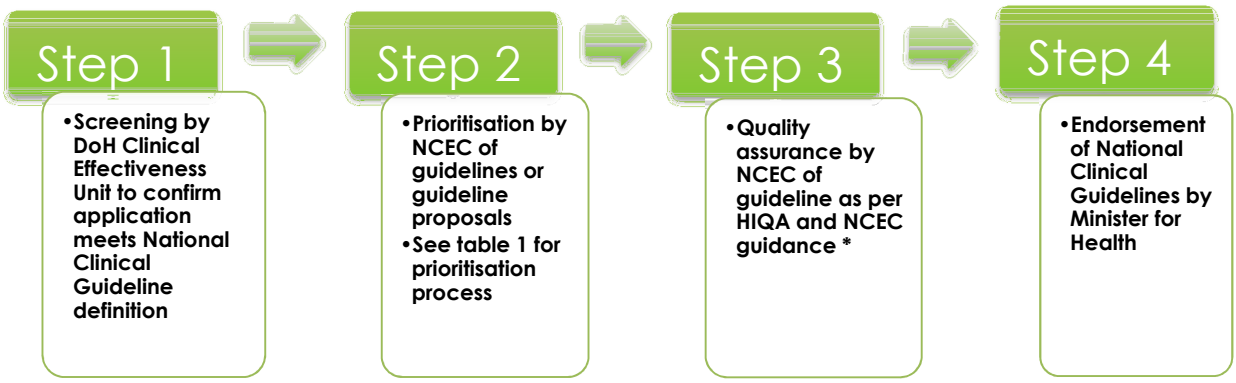
The term 'clinical guideline' has synonyms that may elsewhere be considered to be broadly interchangeable. These include 'guideline', 'health guideline', 'clinical practice guideline', 'evidence-based guideline', 'evidence-based guidance' and 'guidance'. For the purpose of consistency, the NCEC will use the term 'clinical guideline' in its work. The following identifies the specific meaning that should be inferred for this term.

Clinical guidelines are systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances, across the entire clinical spectrum. Clinical guidelines endorsed by the Minister will be titled 'National Clinical Guidelines'.

[1] NCEC Terms of Reference – May 2015

National Clinical Guidelines when implemented can improve health outcomes, reduce variation in practice, improve quality of clinical decisions, influence health service policy and inform service users and the public about the service they should be receiving.

Figure 1 Framework for Endorsement of National Clinical Guidelines



**National Quality Assurance Criteria for Clinical Guidelines Version 2* (HIQA and NCEC 2015)

2. NCEC principles

The NCEC's mission is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient care. The NCEC draws on international guideline development methodology and the expertise of established Guideline Development Groups (GDGs) where available.

It is recognised that the NCEC, and the health system as a whole, is likely to be able to effectively implement and monitor only a small number of National Clinical Guidelines each year. Not all clinical guidelines will be submitted for national endorsement and GDGs should continue to develop clinical guidelines in response to the needs of their own organisations. However, once a National Clinical Guideline is endorsed it will supersede any other guidelines on that topic.

NCEC is in the process of developing standards for clinical practice guidance which when published will outline methodological and quality assurance requirements for such guidance.

NCEC guidance and tools can be used by any clinical GDG regardless of whether they are submitting their clinical guidelines for national endorsement.

NCEC documentation and resources are reviewed regularly and can be accessed through the NCEC website at: www.health.gov.ie/patient-safety/ncec

3. Scope of framework

What is this document and who is it for?

The aim of this framework is to describe the steps required in order for clinical guidelines to be endorsed as National Clinical Guidelines. This document is primarily for GDGs and organisations sponsoring the development of clinical guidelines.

What does it cover?

This document describes:

1. Roles and responsibilities of NCEC, GDGs and other bodies
2. Steps required for NCEC to process a clinical guideline
3. Screening and prioritisation criteria utilised by the NCEC in deciding which clinical guidelines to prioritise
4. Quality assurance criteria that the NCEC uses in appraising a clinical guideline
5. The communications that will occur between NCEC and GDGs.

What does it not cover?

This document does not describe how to develop a clinical guideline. The *NCEC Guideline Developers Manual* and other relevant resources to support GDGs are available on the NCEC website www.health.gov.ie/patient-safety/ncec

4. Roles and responsibilities

The roles of Clinical Guideline Development Groups (GDGs) are to:

- Develop clinical guidelines[2]
- Facilitate clinical guideline dissemination and use in clinical audit with relevant stakeholders
- Submit clinical guidelines to NCEC if seeking national endorsement.

It is appropriate for clinical guideline development to be led/sponsored by any group or organisation. This could include:

- Disciplines such as medicine, nursing, health and social care professionals
- Training bodies and facilities
- HSE Clinical Programmes
- Public and private healthcare providers.

It is the responsibility of GDGs to utilise a robust clinical guideline development process. This requires GDGs to have appropriate clinical and methodological expertise along with multidisciplinary and patient representation.

[2] Not all clinical guidelines will be submitted for national endorsement. GDGs should continue to develop clinical guidelines in response to the needs of their own organisations. Such guidelines should be developed using a robust methodology. It is recommended that GDGs utilise NCEC resources to support this work.

The role of the NCEC is to prioritise and appraise clinical guidelines in order for guidelines to become part of a suite of National Clinical Guidelines, and with other stakeholders to facilitate their dissemination and use in clinical audit. Over time, the NCEC hopes to be in a position to increasingly provide support for GDGs.

It is the responsibility of the NCEC to use transparent and robust processes in the screening, prioritisation and quality assurance of submitted clinical guidelines. The NCEC comprises key stakeholders in patient safety, quality and clinical effectiveness.

The role of the Minister for Health is to endorse National Clinical Guidelines that have been recommended by the NCEC.

5. Submission of guidelines to the NCEC

The NCEC processes for receipt of submission of clinical guidelines are published on the NCEC website at: www.health.gov.ie/patient-safety/ncec

GDGs are encouraged to submit a Notice of Intent before further submission. This form is available at www.health.gov.ie/patient-safety/ncec and should be submitted via email to ncec@health.gov.ie. Receipt of a notice of intent will be acknowledged. A list of current notices is available at www.health.gov.ie/patient-safety/ncec.

GDGs should submit clinical guidelines to the NCEC in both electronic (PDF via email to ncec@health.gov.ie) and paper hard copy to: Clinical Effectiveness Unit, Department of Health, Hawkins House, Dublin 2. Where a draft guideline has not yet been produced, a guideline proposal may be submitted for consideration. A template for proposals is available at www.health.gov.ie/patient-safety/ncec. Receipt of clinical guidelines and guideline proposals will be acknowledged.

Prior to submission GDGs should:

- Read the *NCEC Guideline Developers Manual* (available at www.health.gov.ie/patient-safety/ncec)
- Complete the Agree II Tutorial - www.agreetrust.org
- Ensure the clinical guideline or guideline proposal is submitted in line with NCEC clinical guideline or guideline proposal template, as appropriate (a guideline proposal template is available at www.health.gov.ie/patient-safety/ncec).

Documentation for inclusion for submission of clinical guidelines or proposals

- Checklist for submission of clinical guidelines - www.health.gov.ie/patient-safety/ncec
- Copy of clinical guideline or guideline proposal.

Step 1 Clinical Guidelines Screening Process

Clinical guideline definition

Clinical guidelines are systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances, across the entire clinical spectrum.

Clinical guidelines submitted to the NCEC should have been recently developed or reviewed. Refer to the *NCEC Guideline Developers Manual* for further detail.

NCEC will apply the following screening criteria that only those clinical guidelines that:

- Have been recently developed or reviewed, and
- Meet the NCEC definition of a clinical guideline will proceed to prioritisation.

The Chair of the NCEC will notify the GDG in writing of the outcome of the process.

Step 2 Prioritisation of Clinical Guidelines

Screened clinical guidelines which meet NCEC screening criteria will proceed to prioritisation. The NCEC mission is to endorse National Clinical Guidelines, of which there will only be a small number endorsed each year.

The prioritisation process involves three streams:

- Stream 1 – Significant patient safety or health policy issue; horizon scanning (a commissioned guideline process)
- Stream 2 – Clinical and National programmes (developed through Clinical and National Programmes and may or may not proceed through a commissioned guideline process)
- Stream 3 – Wider health system submissions (developed through a Guideline Development Group).

Further detail on the prioritisation streams and the prioritisation process is available at www.health.gov.ie/patient-safety/ncec

Prioritisation criteria

The NCEC has identified 7 criteria for prioritisation (Table 1). Descriptors for each of the criterion are described.

Table 1. Criteria for NCEC Clinical Guideline Prioritisation

NCEC Criteria		**Likert Scale**	
1.	Patient Safety Issue	Major (5)	Minor (1)
2.	Burden of Clinical Topic*	High (5)	Low (1)
3.	Evidence Analysis	Strong (5)	Weak (1)
4.	Economic Impact	High (5)	Low (1)
5.	Variability in Practice	Major (5)	Minor (1)
6.	Potential for Addressing Health Issues	High (5)	Low (1)
7.	Clinical Guideline Implementation	Strong (5)	Weak (1)
Total		35	7

*Includes disease/condition/circumstance etc.

Criteria 1 Patient Safety Issue

- What is the patient safety issue?
- Who is affected?
- How are they affected?
- Does the issue have national implications?
- What are the risks associated with this issue if not addressed?
- How can it be addressed?
- Is there potential for quality improvement in the area?

Criteria 2 Burden of Clinical Topic

- What is the incidence/prevalence of clinical topic (disease/condition/circumstance)? The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described?
- What is the associated mortality and morbidity?
- What are the rates of relapse, re-admission and complications?
- Is there reduced quality of life?
- Is there patient dissatisfaction?

Criteria 3 Evidence Analysis

- Are clinical guideline recommendations based on an analysis of the evidence? This should preferably be a systematic review of high-quality randomised controlled clinical trials or well-designed controlled studies that measure relevant outcomes demonstrating strong, clinically important beneficial public health effects
- Is there detail of the search methods and evidence rating?
- Are recommendations graded based on the quality of evidence with an explicit link between the recommendations and supporting evidence?
- Has the clinical guideline been externally reviewed prior to its submission to the NCEC? Ideally the external review should provide commentary on the search strategy for the evidence review?

Criteria 4 Economic Impact

While there is often limited Irish data available on the economic impact of healthcare interventions, guideline developers should consider international evidence and make an effort to include some estimation or approximation of the cost-effectiveness, and any possible budget increases or savings, if the guideline is implemented.

- Would implementing this guideline have a substantial budget impact on the healthcare system?
    - Have the resource implications of implementing the guideline been considered?
    - Have the resources required for any initial set up or roll out phase been considered?
    - Have the cost of these resources to the publicly-funded system been estimated?
- Are there potential cost savings to be realised if the guideline is implemented?
    - Are there any potential cost savings due to changes in the use of resources?
    - Have the benefits from improved outcomes been quantified and the associated costs or savings been estimated?
- Is there national or international cost-effectiveness evidence to support implementing the guideline?
    - Is a summary of the cost-effectiveness evidence presented? Is this generalisable or relevant to the Irish healthcare setting?
    - Has this evidence been gathered using systematic searching methods and are these methods documented?

Criteria 5 Variability in Practice

- Are there gaps between current clinical practice and evidence-based practice?
- Are significant variations in practice evident?
- What is the associated risk of the variance from best practice?
- Would reducing variation incur beneficial effects for patients?
- Would reducing variation reduce avoidable morbidity and/or mortality?
- To what extent is there a high risk impact for the health system?
- Are there high frequency risk factors (avoidable and inherent)?

Criteria 6 Potential for Improved Health

- The overall objective of the guideline is specifically described with the expected benefit or outcome of the guideline clearly outlined
- Is there potential for improved health outcomes?
- What is the extent of potential improved quality of life?
- What is the extent of potential improved quality of care?
- Is there potential for health promotion at population health level?
- Is there potential for disease prevention at population health level?
- Will the clinical guideline reduce the extent of avoidable injury?
- Will the clinical guideline reduce inequalities in health?
- What are the potential short and long-term health outcomes taking into account the strength of evidence associated with each?
- Is there a maximum likelihood of benefit and minimum harm?
- Will the clinical guideline reduce symptoms, avoid or delay need for other therapies or reduce disease progression?
- Will the clinical guideline support the implementation of national health policy?
- Will the clinical guideline improve patient safety?

Criteria 7 Clinical Guideline Implementation

- What is the feasibility of implementation of the clinical guideline?
- What are the facilitators to the guideline application?
- Are there any significant barriers to implementation of the clinical guideline?
- What is the resource impact for implementation of the clinical guideline?
- How acceptable will the clinical guideline be to relevant stakeholders (consumers and clinicians)? Did the clinical Guideline Development Group include individuals from all the relevant professional groups, methodological experts and intended users for example healthcare professionals, hospital managers etc.?
- Is there a degree of urgency for implementation of the clinical guideline?
- What is likelihood of the clinical guideline implementation strategy being successful?
- How accessible will the clinical guideline be?

Process for National Clinical Guideline prioritisation[3]

- On receipt of a clinical guideline or guideline proposal from GDGs the Clinical Effectiveness Unit identifies a chair and reviewers for the prioritisation team. The clinical guideline or guideline proposal is made available to the team for assessment against the NCEC prioritisation criteria.
- There will be a minimum of 5 reviewers. This may include members of the NCEC, NCEC working group, subgroups and external reviewers. Reviewers are not subject experts. The reviewer's role is to evaluate the clinical guideline in line with the prioritisation criteria. Reviewers will have collective expertise in clinical practice guidelines, evidence-based healthcare, patient safety, audit and healthcare policy. At a minimum 3 of the reviewers will have conducted at least 2 previous reviews.
- All reviewers will complete a conflict of interest declaration.
- The prioritisation team will produce a report for consideration by the NCEC. This report will be completed by the prioritisation team following a prioritisation meeting[4]. Reviewers will complete a review of the guideline in advance of the prioritisation meeting to minimise 'group think' however reviewers may adjust their prioritisation scores in light of discussion at the meeting. Where there is major divergence of opinion on scores which cannot be resolved this will be referred to the NCEC chair for final decision.
- The NCEC may seek clarifications and/or additional information from the GDG.
- The NCEC reviews the report of the prioritisation exercise and makes decision with regard to identification of prioritised clinical guidelines to proceed to appraisal. A copy of the clinical guideline(s) will be available to committee members for information purposes at the NCEC meeting.
- The result of prioritisation exercise may be as follows:

Guideline Proposal

a. The clinical guideline proposal does not score highly enough against the prioritisation criteria to progress to appraisal in line with the quality assurance criteria. The NCEC will advise which criteria are not adequately addressed and offer a meeting with the GDG.
b. The clinical guideline proposal is successful and will be listed on the NCEC schedule of guidelines.

Full clinical guideline

c. The clinical guideline does not score highly enough against the prioritisation criteria to progress to appraisal. The NCEC will advise which criteria are not adequately addressed and offer a meeting with the GDG.
d. The clinical guideline is successful and will proceed to appraisal in line with the quality assurance criteria.

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[3] Further information is available in the NCEC *Preliminary Prioritisation Process National Clinical Guidelines* available at: http://health.gov.ie/patient-safety/ncec/resources-and-learning/ncec-processes-and-templates/

[4] This may be conducted through a face-to-face meeting, a teleconference, by email or a combination of the three methods to reach agreement on the NCEC report.

Step 3 Appraisal of Clinical Guidelines

Clinical guidelines prioritised by the NCEC will proceed to appraisal. NCEC and the Health Information and Quality Authority (HIQA) have developed National Quality Assurance Criteria based on AGREE II. These criteria will be used by NCEC in quality assuring and recommending clinical guidelines. GDGs should ensure that the clinical guidelines they submit to the NCEC address the quality assurance criteria listed.

Refer to *National Quality Assurance Criteria for Clinical Guidelines* Version 2 (HIQA/NCEC 2015) for further information.

The *National Quality Assurance Criteria for Clinical Guidelines V.2* comprises two parts:

Part A
Pre-requisite quality assurance criteria for the Irish context (Table 2).

Part B
Appraisal of Guidelines for Research & Evaluation II (AGREE II) criteria.

Part A - Pre-requisite quality assurance criteria for the Irish context

There are ten pre-requisite quality assurance criteria for the Irish context as outlined in Table 2. These criteria provide for a consistent approach to guideline development in Ireland taking into account the Irish context; i.e. national policies, organisational structure and fiscal considerations of the Irish health system.

The initial mandatory step in the appraisal should indicate a yes/no on the pre-requisite quality assurance criteria. These criteria have been established by HIQA and NCEC in order to provide assurance that the expected benefit or outcome of the guideline is clearly established for the Irish healthcare system. The criteria promote implementation through consideration of the costs of recommendations through a structured budget impact analysis. Clear identification of responsibility for implementation of recommendations and the development of monitoring criteria provides for a culture of accountability for guideline implementation.

Table 2. Pre-requisite quality assurance criteria for the Irish context

Pre-requisite quality assurance criteria for the Irish context	Yes/No
1. **National health policy and programmes and relevant existing guidelines should be specifically considered. Guidelines should be specifically cross-referenced with key recommendations of all National Clinical Guidelines endorsed by NCEC.**	
2. **The Guideline Development Group should include the intended users or their representatives of the guideline in the Irish setting for example, healthcare professionals, hospital managers, CEO hospital groups, two patients/service users and methodological experts etc.**	
3. **Conflicts of interest if declared should include a statement on the level of influence that the conflict of interest had on the decision making with regard to the recommendations and a description of the measures taken to minimise influence on guideline development. A copy of the Guideline Development Group's conflict of interest forms should be provided to NCEC for retention.**	

4. **The evidence review should include both clinical and cost-effectiveness to ensure that the clinical guideline is based on best available evidence. The full clinical and economic search strategy should be clearly outlined.**
5. **The methods or tools for assessing the quality of the evidence should be documented. The level of evidence should be explicit and strength of recommendations graded.**
6. **Consideration of cost-effectiveness, resource implications and health service delivery issues should be included in the development of the recommendations. Resource implications from an Irish health service perspective should be explicit and include equipment, staff, training etc.**
7. **A description of the selection process for experienced and knowledgeable external reviewers and how the information gathered was used by the Guideline Development Group should be provided. Two international reviews should be included. (See Table 3 for sample set of international external reviewers' questions).**
8. **An explicit time interval (no more than 3 years) should be used for review and updating of the guideline. Responsibility for update of the guideline should be detailed.**
9. **Guideline recommendations should:**
   (a) clearly identify responsibility for implementation of the recommendations in the Irish health system i.e. corporate, organisational and healthcare staff responsibilities. Practical guidance can be included under recommendations to support the delivery of the recommendations.
   (b) include a description of the population (e.g. hospital, community, older person, surgical etc.) or clinical situation most appropriate to each recommendation/option.
10. **The monitoring or audit criteria should assess implementation of guideline and the impact of implementing the recommendations. Consideration should be given to key performance indicators (KPIs) at local, regional and national level including KPIs for inclusion in HSE service plans as appropriate. KPIs should be developed in line with guidance from HIQA on *Developing Key Performance Indicators and Minimum Datasets to Monitor Data Quality* (February 2013).**

Table 3 - Sample set of international external reviewers questions

1. **Has the appropriate evidence been identified and reviewed in line with the scope and clinical questions posed by this guideline?**
2. **Are there specific links between decisions and the available scientific evidence?**
3. **Have the risks and potential harms of recommendations been fully considered in the context of clinical practice?**
4. **Is the guideline clearly written, user friendly and allow for individual clinician decisions?**
5. **Is the guideline suitable for routine use as intended (in so far as you are able to comment on the Irish situation)?**
6. **Are there relevant international or well referenced guidelines (recommendations) on the same topic that these guidelines are in conflict with, and if yes are the reasons for this justified in the guidelines?**

Part B Appraisal of Guidelines for Research & Evaluation II (AGREE II)

The **A**ppraisal of **G**uidelines for **R**esearch & **E**valuation II (AGREE II) is an internationally recognised instrument that has been validated and endorsed by the World Health Organisation and is widely considered as the standard in quality assessing clinical guidelines. The AGREE II criteria are subject to on-going review and revision. Further information on AGREE II, additional AGREE II resources and the scoring process for AGREE II are available at: http://www.agreetrust.org/

NCEC process for appraisal of National Clinical Guidelines

- On receipt of a clinical guideline from GDGs the Clinical Effectiveness Unit identifies a chair and reviewers for the appraisal team. The clinical guideline is made available to the team for assessment against the national appraisal criteria.
- There will be a minimum of 5 reviewers. This may include members of the NCEC, NCEC working group, subgroups and external reviewers. Reviewers are not subject experts. The reviewer's role is to evaluate the methodology utilised to develop the clinical guideline in line with the appraisal criteria. Reviewers will have collective expertise in clinical practice guidelines, evidence-based healthcare, patient safety, audit and healthcare policy. At a minimum 3 of the reviewers will have conducted at least 2 previous reviews.
- All reviewers will have completed appraisal training (at a minimum completion of the AGREE II tutorial) and will complete a conflict of interest declaration.
- The appraisal team will produce a report for review by the NCEC. This report will be completed by the appraisal team following an appraisal meeting[5]. Reviewers will complete a review of the guideline in advance of the appraisal meeting to minimise 'group think' however reviewers may adjust their appraisal scores in light of discussion at the meeting. Where there is major divergence of opinion on scores which cannot be resolved this will be referred to the NCEC chair for final decision.
- To be successful, clinical guidelines must score well on all domains.
- The NCEC reviews the report of the appraisal exercise. The NCEC will have final decision on whether a recommendation should be made to the Minister for Health to endorse as a National Clinical Guideline. The NCEC has the following options:
    (a) Recommend clinical guideline for endorsement as is
    (b) Recommend clinical guideline for endorsement following minor amendments approved by Clinical Effectiveness Unit, Department of Health
    (c) Recommend clinical guideline for endorsement following significant, but not fundamental, amendments approved by appraisal team
    (d) Recommend resubmission for appraisal step following major amendments.
- The NCEC may seek clarifications and/or additional information from the GDG.
- The Chair of the NCEC notifies the GDG of the results of the appraisal exercise. The NCEC will advise on areas of the clinical guideline where the process of guideline

[5] This may be conducted through a face-to-face meeting, a teleconference, by email or a combination of the three methods to reach agreement on the NCEC report.

development needs to be strengthened before going forward for recommendation for endorsement. A meeting with the GDG will be offered.

Step 4 Clinical Guideline Endorsement

The NCEC will recommend successful clinical guidelines to the Chief Medical Officer for approval and endorsement by the Minister for Health.

On completion of the process the Chair of the NCEC will advise GDG whether the submitted clinical guidelines have been endorsed by the Minister for Health.

6. Dissemination of National Clinical Guideline

The NCEC will publish endorsed National Clinical Guidelines on the Department of Health website – www.health.gov.ie/patient-safety/ncec

In line with its terms of reference the NCEC will facilitate with other stakeholders the dissemination of endorsed National Clinical Guidelines to front-line staff and to the public in an appropriate format. The endorsed National Clinical Guideline will supersede all previous guidelines and the relevant stakeholders should ensure that the endorsed National Clinical Guideline is implemented.

7. Review of National Clinical Guidelines

It is essential that National Clinical Guidelines are reviewed and revised to take account of new evidence. The responsibility for updating clinical guidelines lies with GDGs. There are 3 potential reviews required for National Clinical Guidelines:

a) Update of National Clinical Guideline after 3 years
b) Rapid update of National Clinical Guideline where new evidence emerges
c) Requirement for alignment of National Clinical Guideline with other National Clinical Guideline.

Refer to the *NCEC Guideline Developers Manual* for further detail.

8. NCEC communication with GDGs

- Receipt of clinical guidelines will be acknowledged in writing or by email.
- The NCEC Working Group or NCEC may seek clarifications from GDGs during the process.
- The Chair of the NCEC notifies the GDG of the results of the screening exercise, prioritisation exercise and appraisal exercise and whether the submitted clinical guidelines have been endorsed by the Minister for Health.

- Where clinical guidelines have not been prioritised, have not scored high enough in the appraisal exercise or have not been recommended for endorsement by the Minister for Health written feedback will be provided to GDGs. In making its decisions regarding National Clinical Guideline endorsement the NCEC takes into account clinical guideline screening, prioritisation and appraisal assessments. A representative of the NCEC will offer to meet with GDGs to discuss the feedback.

9. NCEC appeals process

- If a GDG is dissatisfied with the decision as to prioritisation or quality assurance of their clinical guideline they may submit an appeal in writing outlining grounds for appeal to the Chair of the NCEC within 30 days of receipt of the decision. The NCEC Chair may designate a nominee from the NCEC who was not involved in the original process to review all relevant documentation to examine whether the NCEC clinical guideline review has been fair, reasonable and that NCEC processes have been adhered to.
- In the event that the GDG is dissatisfied with the decision of the appeal, the GDG may appeal the decision in writing to the Chair of the NCEC within seven working days of receipt of the decision. Upon receipt of this appeal, the Chair of the NCEC will appoint an external independent person to consider the matter. The decision of the external independent person is final.