Commissioning Brief for the Service Configuration Guidance on supportive and palliative care for those affected by cancer.

Version 3 Final

The National Institute for Clinical Excellence commissions service guidance for the NHS in England and Wales.

1. Purpose

This *Commissioning Brief* has been prepared by the Institute as a summary of the work agreed with the developers and will be attached to the contract.

2. Title

Service Configuration Guidance on supportive and palliative care for those affected by cancer.

3. Scope

The scope of this work is set out in the accompanying document Scope for the development of Service Configuration Guidance on Supportive and Palliative Care Version 3. The scope details the topics which will be addressed Part A and Part B of the development.

4. Developers

The Institute has commissioned the King's College London to coordinate the development of the guidance. Prof Allison Richardson will oversee Work Package 1 and Prof Irene Higginson will oversee Work Package 2 as detailed in the proposal submitted by the developers.

5. Products

The Developers will be expected to produce the guidance in both Part A and Part B in the following forms:

5.1. A Manual of the format of the Improving Outcomes series.

5.2. A short (up to four pages) Summary of the manual

5.3. The Research Evidence

5.4. A Patient Version containing advice for patients and carers about the NHS care described in the Manual, set out in such a way that it can be published on its own or incorporated in other patient information.

5.5. The Institute intends to publish the Manual, Patient Version and the Summary. It does not intend to publish the Research Evidence, but will make it available electronically via its website. However, the Institute's dissemination strategy is currently under review. The Institute will discuss and agree any changes with the developers.

The Developers will also be expected to deliver the following:

5.6. Level 1 audit criteria [See Appendix 1] which allow the objective measurements of whether the guidelines have been implemented.

5.7. Keywords for the guidance including brand and generic names of products mentioned.

6. Timescales

The timetable for the guidance is set out below. Any changes will be be agreed in advance with the Institute.

1. Confirmed commission, scope and timetable posted on the website.	September 2001
2. Development started	September 2001
3. Deadline for submission of evidence by stakeholders	October 2001
4. First consultation on draft of Part A begins	April 2002
5. Final draft of Part A complete and final consultation on draft of Part A begins	June 2002
6. Completion of Part A and posting on the Institute's website	August 2002
7. Consultation on first draft of Part B begins	January 2003
8. Final Draft of Part B Complete	April 2003
9. Consultation on final draft begins	April 2003
10. Publication and Launch date	June 2003

7. Resources

7.1. The Institute has assumed that the guidance development work will make best use of NHS R&D resources. In particular, it is assumed that existing systematic reviews will be used wherever possible. The

Developers should contact the National Co-ordinating Centre for Health Technology Assessment to establish the extent and nature of current NHS commissioned original research and systematic reviews before initiating the evidence review.

7.2. The Developers should use the relevant systematic reviews from the site-specific guidance in the Improving Outcomes Series.

7.3. The Developers should review existing national and international guidelines for their relevance to this work.

7.4. The guidance will inform service configuration in both England and Wales and therefore should take heed of both the National Cancer Plan for England and the NHS Plan for Wales 'Improving Health in Wales' with particular reference to the 'All Wales Minimum standard for Specialist Palliative Care as applied to Cancer Services'. The statements in the Cancer Plan reflect the evidence which was used at the time the framework was prepared. The Contractor should, notify the Institute as soon as possible of any disparities between the emerging guidance and a the Cancer Plan.

7.5. There is new work beginning on palliative care services in Wales. Mr. John Sweeney at the National Assembly for Wales is the policy lead for palliative care services.

7.6. The National Guidelines Support and Research Unit is available to provide methodological advice.

7.7. The National Guidelines and Audit Patient Involvement Unit is available to facilitate patient involvement in the guideline.

8. Methods

8.1. The guidance should be based on the best available evidence relating to the effectiveness and cost-effectiveness of the proposed models of service delivery.

8.2. It is intended that this guidance should complement the 'Improving Outcomes' reports on individual cancer sites developed by the National Cancer Guidance Group, chaired by Professor Haward. The approach to the development of the guidance will be based on that developed by Prof Haward .

8.3. The initial steps in this process have already been undertaken by the Department of Health Cancer Policy Team. These include

8.3.1. A proposal generating event (Tewkesbury May 2000)

8.3.2. User views (Cancerlink)

8.3.3. External refereeing of proposals generated

8.4. The following further steps are envisaged

8.4.1. Establishment of an editorial gro[including a clinical experts, a professional writer (if desired) and members of the evidence - review team.

8.4.2. Systematic review of the evidence supporting key proposals. Some of the available evidence is likely to have been reviewed already for the site-specific guidance. However, it is recognised that further questions will need to be addressed, particularly about the effectiveness of models of service delivery.

8.4.3. Preparation of guidance - describing recommendations for models of service delivery, the anticipated benefits, the levels of evidence supporting the recommendations and approaches to measurement and cost impact of recommendations.

8.4.4. Preparation of a more detailed report on the research evidence supporting the guidance.

8.4.5. Preparation of patient version of guidance

8.5. If possible a distinction should be drawn between 'core services' - most likely to have a major impact on patient/carer wellbeing and 'non-core' services - which may be welcomed by patients, but for which the evidence of benefit is less well established.

8.6. The Institute will consider the health economic analysis, to assess the likely resources needed to achieve the recommended configuration of services when the guidance is at a fairly advanced stage of development.

9. Editorial Group

9.1. The Contractor should establish a Editorial Group with a membership capable of considering and interpreting the evidence presented to it and of formulating recommendations.

9.2. The membership of the group should reflect the range of clinical disciplines involved in providing care, purchasers and providers who will configure the service, and should make provision for patient/carer involvement.

9.3. The Institute's Commissioning Manager for this guidance will normally attend the introductory meeting of the group and may attend subsequent meetings with the agreement of the Chairman of the group.

9.4. Code of Conduct

Developers will be expected to abide by the Institute's Policy 'Code of Conduct for Guideline Development Group Members'.

10. Stakeholder involvement

10.1. The Institute has a register of stakeholders who will be consulted during the development . (See attached list)

10.2. The Contractor and their partners will be expected to develop their processes for engaging all stakeholders in accordance with the Institute's guidance.

11. Validation

The guidance and associated publications will need to be subject to the validation procedures described in the Institute's guidance prior to their final release.

12. Implementation planning and support

12.1. It is the intention of the Institute that all commissioned guidances will be subject to a period of implementation planning with local health communities (geographical clusters of one or more primary and secondary care providers in England and Wales,) as described in the Institute's guidance. This implementation planning, which will help assess the practical implications of the recommendations in the guidance and support the development of local implementation protocols, will need to be incorporated into the guidance development timetable. The structure and process for implementation planning and support, and the resources required, will be agreed between the developers and the Institute.

13. Relationship with the Institute

13.1. Information

13.1.1. The Institute will base its monitoring of the evolution of this guidance on the agreed development plan.

13.1.2. The Contractor will be expected to produce a progress report, in the form of the Monitoring Report attached as Schedule 4 to the Agreement made between the Institute and Kings College dated [2001], every three months.

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Coordinator	Elaine Paton
Communications Lead	Lucy Betterton

13.2. Amendments or Changes

13.2.1. Any changes or amendments to the development plan or the scope should be agreed with the Institute in advance.

13.2.2. The Institute should be notified of any deviation from brief including timescales, products, stakeholder involvement, methods.

Appendix A

A MODEL FOR THE PROVISION OF AUDIT ADVICE WITHIN NICE GUIDANCE

1. Background

1.1. The *practice* strand of the Clinical Audit Strategy endorsed by the Board in June 2000 confirmed the Institute's intention to provide audit support products as an integral part of its guidance and guideline programmes.

1.2. The Institute has developed a model, which proposes a range of options available to support NHS clinicians in their evaluation (clinical audit) of clinical practice and patient care.

1.3. The purpose of this paper is to

- set out the model,
- describe and illustrate the proposed audit products
- suggest ways in which they might be developed and deployed.

1.4. The model is also being presented to the Department's Performance Indicators Working Group.

2. The model

2.1. The model is made up of five levels of audit support products ranging from the provision of review criteria to a full-scale national audit.

2.2. The model is represented in Figure 1 overleaf. It comprises two levels of data and three levels of facilitation or support .

2.3. The aim of the model is to facilitate discussion, scoping, commissioning and development of the most appropriate level of audit support for NICE guidance. The model is flexible decision-making tool that the Institute can use as a basis for discussions with the Department of Health, other stakeholders, and the teams responsible for developing NICE products (in Appraisals and in the Collaborating Centres).

2.4. The model is also of direct relevance and interest to NHS Information Authority, Audit Commission and the Commission for Health Improvement.

2.5. The **minimum level of support** the Institute would provide to support clinical audit is review criteria derived from the guidance. This approach alone will go a long way towards promoting a high standard of local clinical audit.

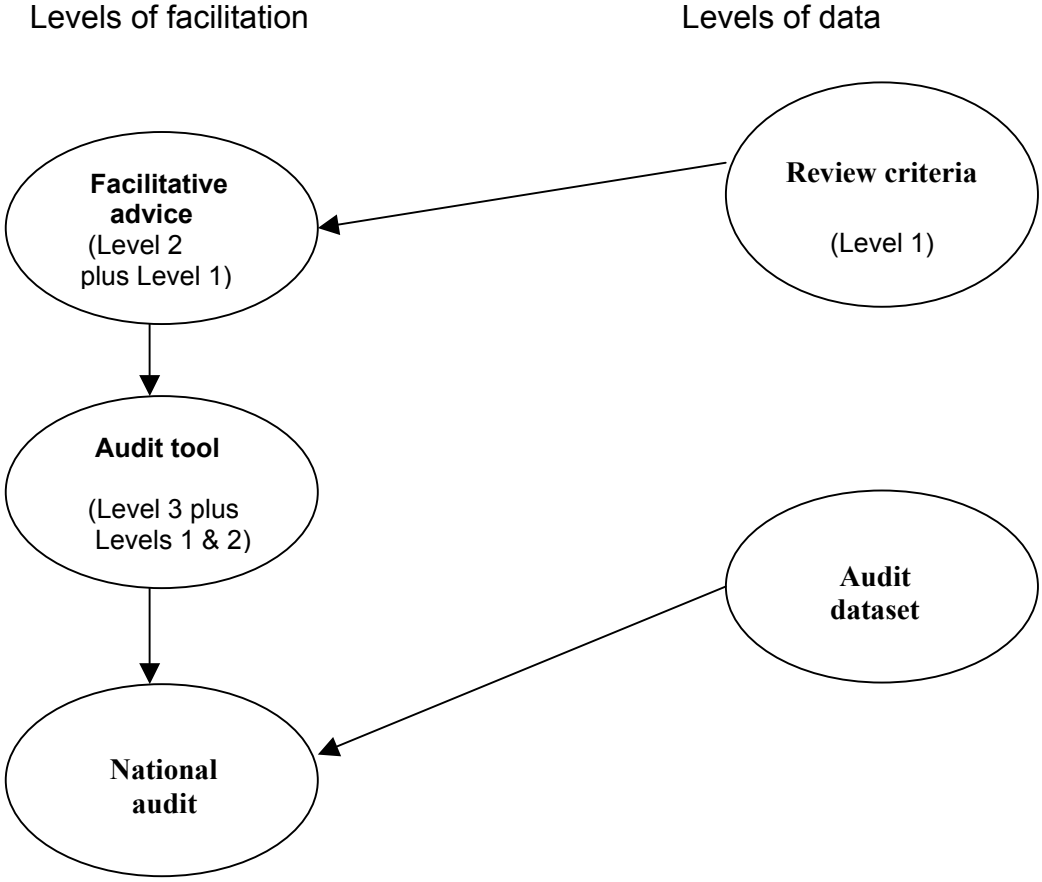
2.6. The **most comprehensive** level of support would be the commissioning of a national comparative audit project. Such projects would typically require a national clinical dataset (developed in partnership with the NHS IA), and a central design, project management and analysis team in a Collaborating Centre.

2.7. These review criteria and audit products could be linked to and supported by national (NSF) audit requirements and information infrastructure.

2.8. Particular pieces of guidance can have tailored audit support - drawing on the five levels of support illustrated in the model. The model avoids the problems inherent in a one-size-fits all approach, but still aims to provide well-described approaches that can help NICE to specify its expectations of guidance and information developers.

Figure 1

A model for the provision of audit advice within NICE Guidance



3. **Selecting the level of audit support required.**

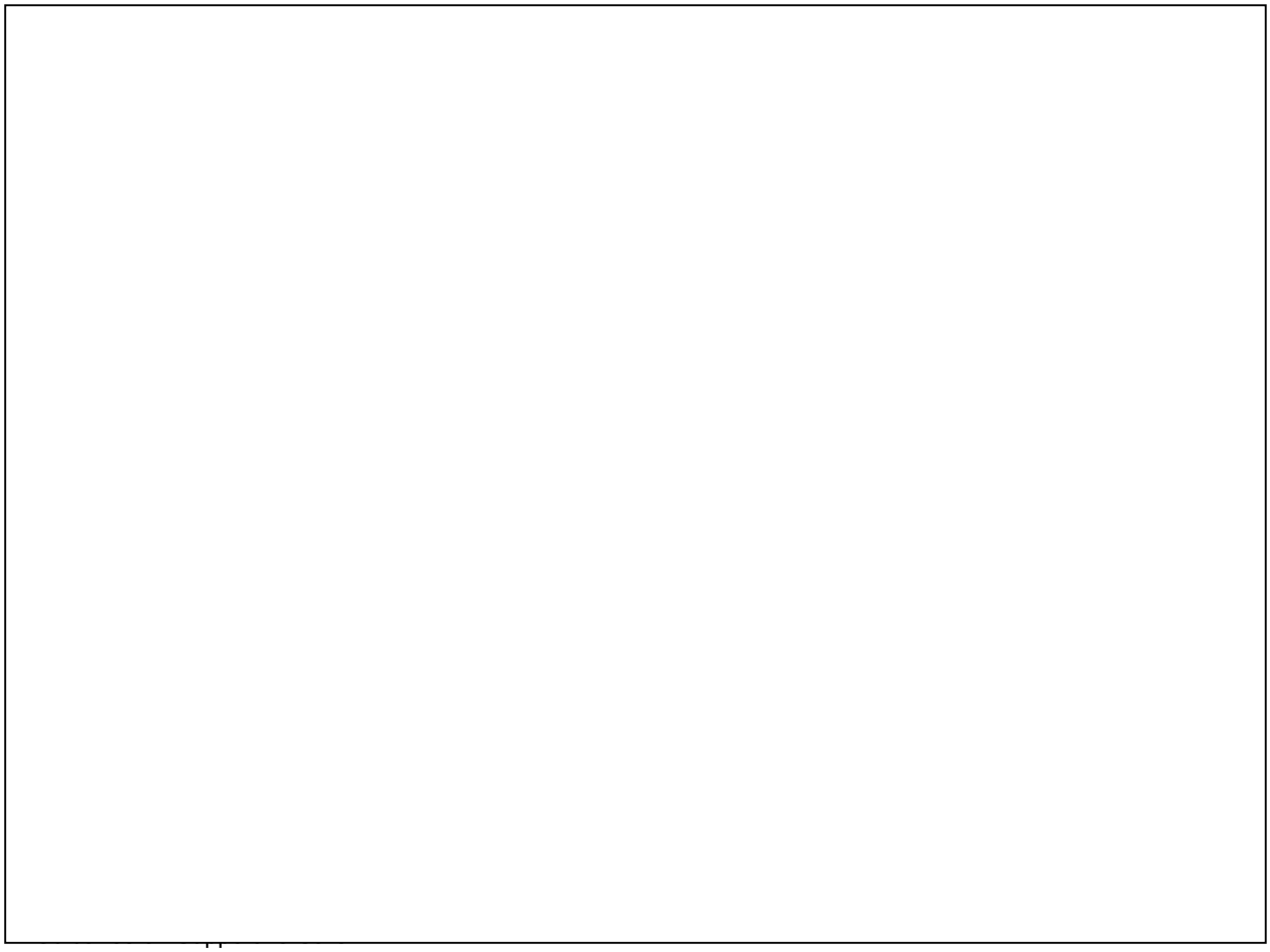
3.1. Discussion regarding the most appropriate level of audit support to provide will need to consider:

- what level of audit support would be most useful to the NHS?
- what level of audit support would be credible yet practical to produce and to implement?

3.2. The following issues will influence the decision:

- nature of clinical evidence,
- national clinical priorities,
- degree of variation in practice,
- data availability & validation issues,
- pre-existence of an audit tool,
- pre-existence of data templates,
- feasibility of a national audit.

3.3. Illustrations of applying these criteria are provided in this table:



4. Developing audit advice

4.1 For the bulk of NICE guidance/guidelines review criteria and basic audit advice could be developed as an integral part of the development of the guidance itself. The development of audit advice will need access to subject area clinical experts, “real world” implementation knowledge, and input from an audit expert. For technology appraisals, the Institute is making provision for these resources within the audit team in house, and within the normal appraisal processes. For clinical guidelines, the Institute will commission a Collaborating Centre to produce the audit advice required for a guideline.

4.2 Where it is proposed to provide more sophisticated audit support (a large audit tool or dataset, for example, or a national comparative audit), an additional development process will be needed, with linkage to wider NHS data developments. Field validation of audit tools, or case-mix adjustment of criteria are specialist tasks that are best supported by commissioned expertise (through a Collaborating Centre and/or the NHS IA).

4.3 Outline descriptions of development processes are provided in the level descriptions. Step-by-step process specification will be presented in separate documents for developers.

5. Description of the five levels of audit advice

Separate papers specifying the components of each level of audit advice, and the developmental methodology to be adopted when NICE commissions its guidance can be found in Annex A.

Model and paper developed by:

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Review Criteria
(Level One)

Description

The minimum level of audit advice the Institute should routinely provide within its guidance to support clinical audit is the provision of robust review criteria.

Review criteria should be developed from key elements of care derived from the guidance and be based on best available evidence, including for example, evidence that supports the effectiveness of the care in question; evidence of their utility in the clinical setting; and consideration of the potential effect on patient outcomes.

Purpose

The provision of review criteria will not only encourage and enable local NHS staff to audit their own compliance with the guidance, but will help to ensure that appropriate aspects of patient care are audited locally. The latter is a frequent criticism levelled at some local audit projects, thus the provision of criteria will help to raise the standard of clinical audit locally as well as supporting the efficient use of audit resources.

Development method

Review criteria should be developed as an integral part of the guidance and the methodology used should be transparent. The key stages will involve:

1 Key elements of care within the guidance are identified, assessed and selected by members of the guidance development team
2 Measurable and implementable review criteria are developed
3 Criteria are validated (using NHS clinical and audit staff, audit experts, or relevant audit examples from the literature)

Examples

1 CPEP Evidence based Review Criteria for the Primary Care Management of Adults with Asthma[1]
2 Audit advice within clinical guideline for the Prophylaxis for patients who have experienced a myocardial infarction: drug treatment, cardiac rehabilitation and dietary manipulation[2]
3 NICE Guidance on the Removal of Wisdom Teeth[3] defines two audit criteria: reason for extraction and percentage of extractions complying with guidance.

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1. Clinical Practice Evaluation Programme (Sept 2000) *Evidence Based Review Criteria for the Primary Care Management of Adults with Asthma.* http://www.shef.ac.uk/~scharr/publich/cpep/ebrc.html.
2. National Institute for Clinical Excellence (2001) Clinical Guideline: Prophylaxis for patients who have experienced a myocardial infarction: drug treatment, cardiac rehabilitation and dietary manipulation . London: National Institute for Clinical Excellence.
3. National Institute for Clinical Excellence (2000) *Guidance on the removal of wisdom teeth: technology appraisal guidance - No. 1.* London: National Institute for Clinical Excellence.