NICE National Institute for Health and Care Excellence

# National Institute for Health and Care Excellence

# COVID-19 rapid guideline: managing COVID-19

## Methods document

NICE guideline NG191

March 2021 (revised January 2024)

Guideline version (Final)

## Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive. All NICE guidance is subject to regular review and may be updated or withdrawn.

## Copyright

# Contents

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

# COVID-19 rapid guideline: managing COVID-19 (NG191)

## Methods

March 2021 (revised January 2024)

## Development

This guideline uses the methods and process in NICE's interim process and methods for guidelines developed in response to health and social care emergencies.

## Advisory panel

NICE set up an expert advisory panel that included representatives from relevant medical specialties with direct experience in managing and treating COVID-19, and people with lived experience of COVID-19. The panel developed new content, provided ongoing advice for surveillance and assisted with updates to recommendations.

## Declarations of interest

The expert advisory panel's declarations of interest (DOI) are recorded according to NICE's policy on declaring and manging interests for advisory committees. DOIs are reviewed on an ongoing basis and the DOI registry updated as needed. For a list of panel members and corresponding DOI registry for this guideline, see NICE's guideline page on managing COVID-19.
All NICE staff are asked to declare all interests in line with NICE's policy on declaring and managing interests for board members and employees. If a member of the NICE internal development team is conflicted, they are not permitted to help in developing that particular topic.

## Scope development

The World Health Organization (WHO) guidance on clinical management of COVID-19 was used to develop the scope. The WHO guidance includes recommendations on diagnosing, assessing and managing COVID-19. It was used to inform the key themes in the scope of the NICE guideline.
There was no external stakeholder consultation on the scope to ensure the guideline could be produced as fast as possible, but the scope was reviewed and approved by the expert advisory panel.
See the scope document for details about what this guideline covers.

## Equality impact assessment

The impact on equality was assessed during guidance development according to NICE's manual on developing guidelines. Potential equality issues identified were discussed with the expert advisory panel to ensure they were addressed, if appropriate. Equality issues are reassessed with the expert advisory panel during updates, and new issues are added to the equality impact assessment when identified.
See equality impact assessment for details on equalities considerations.

## Developing review questions

The review questions developed for this guideline were based on the key areas identified in the guideline scope. They were drafted by the NICE team, and refined and validated by the expert advisory panel. For full details of the review protocols, see the individual evidence reviews.

## Mapping of existing content

NICE developed a series of rapid COVID-19 guidelines in March-June 2020 to support healthcare services at the beginning of the pandemic. When the NICE guideline NG191 Managing COVID-19 was being scoped, NICE reviewed the COVID rapid guideline portfolio to determine whether any guidelines could be used to form the basis of this guideline. NICE compiled a list of all recommendations in the COVID-19 rapid guidelines that were relevant to the scope of this guideline and subsequently, these original rapid guidelines were withdrawn. These recommendations were added to the appropriate section in the

draft structure of the new NICE guideline. After NICE technical and clinical quality assurance of this mapping work, the recommendations were transferred to the relevant section of the guideline.

The NICE expert advisory panel identified gaps in guideline and any recommendations that should be changed. The panel were also asked whether any recommendations from the rapid guidelines could be removed because they were:

- no longer relevant
- context specific, so bound to a particular time in the pandemic.

Any changes to recommendation content were based on the consensus view of the expert advisory panel.

## Reviewing the evidence

Because of the need for prompt guidance on managing COVID-19, NICE collaborated with other guideline development teams to produce evidence reviews. NICE has reused data from the National Australian COVID-19 clinical evidence taskforce for some recommendations. Data provided by other guideline developers was supplemented with additional trial results that the NICE COVID-19 team have access to through evidence searches.

Evidence provided by the National Australian COVID-19 clinical evidence taskforce is used through the sharing of RevMan files, which the NICE team used to populate the evidence summaries and GRADE profiles for a review. Data extraction and risk of bias is done in line with NICE's interim process and methods for guidelines developed in response to health and social care emergencies.

All evidence reviews were quality assured before they were presented to the expert advisory panel.

## Cost effectiveness

Because of the urgency for publishing guidance on managing COVID-19, no health economic analyses were done.

## Developing recommendations

Recommendations were developed or updated based on the expert advisory panel's discussions of:

- the overall quality of the evidence or confidence in the expert opinion
- the trade-off between benefits and harms
- the impact on equity and equality
- the feasibility of implementation (for example, resources, capacity, settings and acceptability).

The guideline includes disease severity definitions that are in line with WHO definitions and approved by the NICE expert advisory panel. These were used to inform severity-specific recommendations when applicable.

## Research recommendations

Research recommendations were developed by the expert advisory panel when:

- there was a lack of evidence
- the evidence was uncertain.

## Quality assurance

Pragmatic checks and reviews were done iteratively throughout guideline development and during updates by NICE staff with responsibility for quality assurance.

## Consultation

Final recommendations were ratified by the expert advisory panel and external stakeholders through a targeted peer-review process. A range of stakeholders were invited to take part, including relevant national professional, and patient or carer groups. The length of the consultation depended on the urgency and complexity of the recommendations, and ranged from 1 day to 2 weeks.
NICE staff collated all comments from stakeholders, so the independent advisory expert panel could consider them. The panel then advised on changes to the recommendation(s) and responses to stakeholder comments. Comments from

stakeholders were grouped into themes. Thematic responses were provided to address these themes, instead of responding to individual comments.
All stakeholder comments and thematic responses are available on the NICE guideline page on managing COVID-19.

## Surveillance and future updates

From inception, guideline recommendations were maintained using a continuous 'living' surveillance approach. This ensured that recommendations could be updated continuously to reflect changes in:

- the evidence base
- clinical or healthcare practice
- the health and social care system, and government policy.

Living surveillance uses a multifactorial approach to identify 'triggers' for update. This approach includes:

- identifying studies relevant to the scope through continuous evidence searches
- looking at relevant professional guidance in the area
- intelligence gathering, including feedback from the broader health and social care system
- monitoring ongoing research and checking for publication of these ongoing studies regularly.

Surveillance decisions and outcomes are based on continual assessment of the impact of all the new evidence and intelligence that has been identified. There are 4 possible surveillance outcomes:
**No update**: recommendations will not be updated if new evidence or intelligence does not suggest that any changes are needed.
**Refresh of the recommendations**: this involves simple editorial changes that improve the usability of the recommendations without changing the intent, or correction of factual errors.
**Rapid update of the recommendations**: the recommendations could be updated if changes are needed (for example, new evidence emerges). Examples of updates include:

- covering additional populations or settings

- addressing new review questions
- changes to the original review questions, which mean a new search of the evidence is needed
- when new evidence contradicts existing recommendations.

**Withdrawal of recommendations:** recommendations may be withdrawn if:

- they are no longer needed, for example, because service delivery has changed (such as normal services resuming) or the recommendations are likely to have limited relevance because of changes in context
- there are safety issues (for example, there is evidence of harm to people using the service)
- the recommendations are duplicated somewhere else (for example, if the recommendations are merged with another guideline).

From March 2024, this guideline will be retired from living mode and will undergo surveillance and updates in line with Chapter 13 Ensuring that published guidelines are current and accurate in the Developing NICE Guidelines manual.

## Funding

NICE is an executive non-departmental public body sponsored by the Department of Health and Social Care.
A range of organisations, including the Department of Health and Social Care, arms-length bodies, professional associations, and voluntary and community sector groups are invited to become stakeholders. Stakeholders review and comment on draft recommendations as part of a targeted peer review. Stakeholders do not contribute to the systematic review and evidence appraisal process, or determine the final wording of recommendations.