

National Institute for Health and Care Excellence

Interim process guide for a more proportionate approach to quality standard development Consultation comments table

There were 72 consultation comments from 9 consultees. The comments are reproduced in full as received, excluding comments from internal NICE teams.

#	Consultee ID	Section	Comments	Response
1	Consultee 1: QSAC member	Interim process guide for a more proportionate approach to quality standard development	Unclear what is meant / intended by 'proportionate ' in this context? If by 'proportionate' you mean 'agile' (as used later), then I suggest it may be more appropriate to use 'agile' here for clarity	Many thanks for your comment. The NICE team have considered your comment; it was felt "proportionate" was an accurate term in this instance which reflects NICE terminology.
2	Consultee 1: QSAC member	A proportional approach to how we develop and update existing quality standards	I commend the effort to utilise more proportionate, agile and responsive approaches. This will be welcome. Suggest use of 'agile' instead of 'proportionate' in title (see also earlier suggestion). This would improve clarity for wider stakeholders and the public. Clarity and emphasis on agility may also improve acceptability to wider stakeholders and the public.	Many thanks for your comment. The NICE team have considered your comment; it was felt "proportionate" was an accurate term in this instance which reflects NICE terminology.
3	Consultee 1: QSAC member	Developing a topic overview	Here, 'proportional' is clear and appropriate, and should be retained.	Thank you for your comment.
4	Consultee 1: QSAC member	Developing a topic overview	How will this be determined? - What is the process? - Who takes the decision? - How will NICE ensure that appropriate EDI considerations are being taken in this making this determination? - Etc.	Thank you for your comment. NICE has considered your comment: this level of detail would not be appropriate for the process guide. This will be addressed and considered as part of our internal consistency rules and internal standard operating process (SOP).
5	Consultee 1: QSAC member	Developing a topic overview	Time period seems fine, but only if due consideration has been given to informing (forewarning) stakeholders that a topic engagement window will be opening. Otherwise NICE might find stakeholder unable to comment / missing	Thank you for your comment. Advance notice of public consultation and topic engagement periods will always be given, as well as reminders and opportunities for stakeholders to request extensions.

			the engagement window due to (for example) annual leave, change in job holder, etc.	
6	Consultee 1: QSAC member	Developing a topic overview	<p>Again, while these will be the primary constituencies from whom input should be solicited, there may need to be some form of EDI sense-checking?</p> <p>Consider requiring at least one lay/public member (?from the PIP Expert Panel)?</p>	<p>Many thanks for your comment. We work closely with our Public involvement programme to seek the views and involvement of people who use services, carers, members of the public and organisations who represent their interests at multiple stages of quality standard development, including topic engagement.</p> <p>The interim process guide has been updated to clarify the definition of a key stakeholder which will include patient organisations and lay members.</p>
7	Consultee 1: QSAC member	Developing a topic overview	<p>If minutes / recordings are to be published, will this limit the authenticity/depth/openness of discussions, especially with regard to more controversial topics/updates?</p> <p>Suggest thinking carefully about this.</p> <p>Transparency is important, but so is having a safe space where all members feel able to air what can at times be controversial viewpoints.</p>	<p>Thank you for your comment. As with committee meetings, NICE would capture important conversations through themed minutes; this would balance transparency on clear decision making and encourage open discussion. At this time we have no plans to record meetings.</p>
8	Consultee 1: QSAC member	Prioritising areas for quality improvement:	<p>Again, 'agile' would make more sense here</p>	<p>Many thanks for your comment. The NICE team have considered your comment; it was felt "proportionate" was an accurate term in this instance which reflects NICE terminology.</p>
9	Consultee 1: QSAC member	Prioritising areas for quality improvement:	<p>Is there a specific number?</p>	<p>Thank you for your comment. QSAC representation may vary in accordance with the needs of the topic and the use of the guideline committee expertise. As such, we have not specified a number of QSAC representatives for each working group.</p>
10	Consultee 1: QSAC member	Prioritising areas for quality improvement:	<p>No outside expertise? This seems a (concerning) oversight. Much of the best input at QSAC meetings come from representatives of relevant charities, or those with lived experience of a condition.</p>	<p>Thank you for your comment. The wording has been amended to clarify membership.</p>
11	Consultee 1: QSAC member	Prioritising areas for quality improvement:	<p>This is key. Essential to good governance and good practice. Commendable that this has been included.</p> <p>However, it will be essential that chairs are fully supported if they feel that expertise is insufficient and thus decide to suspend/adjourn.</p> <p>As there will be resource considerations as well as internal pressure to meet even in tenuous circumstances, it will be essential that chairs feel fully empowered to and supported in taking this potentially difficult and controversial judgement call.</p>	<p>Thank you for your comment; NICE will ensure the chair is supported to make these decisions.</p>

12	Consultee 1: QSAC member	Prioritising areas for quality improvement:	How will this be 'concluded'? That is: who decides? Majority vote? The chair? What if a majority feel a decision can be made but the chair feels there has not been enough diversity of discussion? What if the chair feels a decision can be made, but the committee is not happy to sign off? Etc.	Thank you for your comment. As with full quality standard advisory committees, decisions will be made based on consensus. Please refer to the section on "Voting", of the quality standard advisory committee terms of reference for further information on decision making and voting. This section in the interim process guide has been amended for clarity.
13	Consultee 1: QSAC member	Prioritising areas for quality improvement:	Unclear what this means	Thank you for your comment. We have reviewed your comment and clarified this wording.
14	Consultee 1: QSAC member	Reviewing consultation feedback	This seems sensible, however....	Thank you for your comment.
15	Consultee 1: QSAC member	Reviewing consultation feedback	... this is concerning. On a number of occasions elsewhere, I have highlighted what I perceive to be a diminution to the quality / robustness of discussion in committee meetings which now take place over Zoom rather than in-person. This will be a further step in that direction, and email will provide no opportunity for discussion at all. I strongly suggest it is worth convening at least a Zoom meeting. NB On a number of occasions I have raised this diminution in robustness of discussion and engagement of committee members when working remotely. NICE's reputation, international standing, and USP as a reliable, indeed 'go-to' source of guidance and quality measures rests on the calibre of the products it produces. These in turn rely on robust, engaged discussion. It would be regrettable if NICE's reputation suffered as a result of moves to ever more remote working.	Many thanks for your comment. NICE has reviewed your comments and believe using email for committee feedback on consultation comments with a high degree of agreement is in line with NICE's business objectives to be timely in producing guidance and to ensure we make the best use of committee time. We will encourage all committee members to notify the NICE team if after review of the comments they feel further discussion is needed.
16	Consultee 1: QSAC member	Reviewing consultation feedback	Following on from comments above, given the resource impact, chairs will need active engagement and support from the NICE secretariat to feel empowered to call for these.	Many thanks for your comment; NICE will ensure the chair is supported to make these decisions.
17	Consultee 1: QSAC member	Utilisation of the guideline committee (GC)	Often the QSAC raises important issues (a) not thought of by the GC or (b) in (gentle) challenge to the GC. If the GC is making the determination as to what needs prioritisation, quality improvement, etc., how will this be dealt with and how will that	Many thanks for your comment. NICE agree this is an important consideration. Guideline committee members will receive training prior to being asked to prioritise areas for quality improvement. The number of QSAC representatives may vary in accordance with the

			<p>important sense-checking role of QSAC be maintained?</p> <p>See also comments about re: NICE's reputation, maintaining high standards, etc. Applicable here, too.</p>	<p>needs of the topic and as such has not been specified. The interim process has been updated to clarify this.</p>
18	Consultee 1: QSAC member	Utilisation of the guideline committee (GC)	Needs clarification.	Thank you for your comment. We have reviewed your comment and clarified the "Representation from the QSAC committee" within the interim process guide.
19	Consultee 1: QSAC member	Utilisation of the guideline committee (GC)	<p>I commend NICE's efforts to make guidance and standards easier for users to find, understand and apply to their work.</p> <p>There may also be an argument to incorporate some aspects of QS into GC.</p> <p>However, it will be important not to lose the 'second perspective' that QS brings to the process.</p> <p>(See elsewhere, good governance, NICE reputation for high-quality advice, etc.)</p>	Many thanks for your comment. This important consideration is one NICE are working to embed over the next two years.
20	Consultee 1: QSAC member	Consultation: A flexible public consultation for registered stakeholders	Typo? 'extent' of change?	Many thanks for your comment. This change has been made.
21	Consultee 1: QSAC member	Consultation: A flexible public consultation for registered stakeholders	See elsewhere: need to flag timing of upcoming consultations, especially if length of consultation is reduced.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
22	Consultee 1: QSAC member		<p>While it is highly commendable to stand-down QS which are no longer fit for purpose. applicable, etc, this whole process feels like there are too few checks and balances.</p> <p>Once again, given NICE's reputation -- and remember: reputations are hard won and easily lost -- it would be regrettable for good work to be lost at, potentially, the say-so of a few over-eager souls wishing to 'clean house'.</p> <p>Additionally, a great deal of resource has been put into producing QS, so it would be regrettable (?wasteful) to lose that without clear rationale.</p> <p>It feels like for all these reasons and potentially more, due consideration and proper procedure should be undertaken, and perhaps a few more checks and balances are needed?</p>	Many thanks for your comment. NICE has reviewed your comment and has amended the initial approval process for standing down quality standards, to include additional input and consideration from across NICE.

23	Consultee 1: QSAC member	Standing down of existing quality standards	How will this be gathered? Will it be specifically sought? Who will decide to do so? Which stakeholders will be contacted? who will make the final determination? Etc., etc.	Many thanks for your comment. Feedback in this instance, means system level feedback. This could come from the introduction of a statutory requirement which would supersede the quality statements or quality standard.
24	Consultee 1: QSAC member	Standing down of existing quality standards	By whom? Will this be solely on one person's determination (i.e. an associate director)? That seems less than best practice / not particularly good governance?	Many thanks for your comment. NICE has reviewed your comment and has amended the initial approval process for standing down quality standards, to include additional input and consideration from across NICE.
25	Consultee 1: QSAC member	Standing down of existing quality standards	Clarify? What is 'the endorsing body'?	Many thanks for your comment. An endorsing body is the relevant commissioner who initially directed NICE to prepare the quality standard, this would include either NHS England or Department of Health and Social Care. The relevant endorsing body is noted on all quality standards.
26	Consultee 1: QSAC member	Standing down of existing quality standards	Commendable. (Like reducing poly-pharmacy in patients!)	Many thanks for your comment.
27	Consultee 1: QSAC member	Use of external guidance to support the development of quality standards	This will be of use in improving QS.	Thank you for your comment.
28	Consultee 2 British Society for Paediatric Endocrinology and Diabetes (BSPED)		We favour a proportionate approach, however are concerned that the shortened time scales could hinder a meaningful response from key stakeholders and would request that the concerns highlighted in specific sections be considered.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
29	Consultee 2 British Society for Paediatric Endocrinology and Diabetes (BSPED)	Developing a topic overview	The short timeline of 5 days can be very difficult to achieve if key respondents are on annual leave and therefore will need to be clarified with the organisations prior to the consultation going out or need to be extended as soon as this information is available. How this will be achieved practically needs further discussion.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions. A quality standard would only have a shortened consultation period when the review covers a discreet area.
30	Consultee 2 British Society for Paediatric Endocrinology and Diabetes (BSPED)	Reviewing consultation feedback	We would need to be assured that single comments raising concerns are given sufficient weight, particularly if they are from any stakeholder group not represented on the committee. The importance of the disagreement raised even if it is a single group raising a particular concern must be taken into account.	Many thanks for your comment. All consultation comments from stakeholder organisations are given equal weight and responded to.

31	Consultee 2 British Society for Paediatric Endocrinology and Diabetes (BSPED)	Consultation: A flexible public consultation for registered stakeholders	The short timeline of 10 days can be very difficult to achieve if key respondents are on annual leave and therefore will need to be clarified with the organisations prior to the consultation going out or need to be extended as soon as this information is available. How this will be achieved practically needs further discussion.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
32	Consultee 3 Royal College of Paediatrics and Child Health		<p>The RCPCH supports the proposed plan by NICE to introduce a proportional approach to developing and updating existing quality standards as part of the wider transformation plan. The RCPCH continues to advocate for the development of Quality Standards which are inclusive of "all ages". The paediatric population may be at a disadvantage due to the lack of evidence underpinning guidelines and guideline topic selection, resulting in topic areas affecting children and young people consequently losing out on being selected as areas of high priority for quality improvement.</p> <p>The RCPCH requests that NICE take steps to mitigate such unintended consequences, such as when conducting topic engagement with key stakeholders to include expertise pertaining to all age groups.</p>	Many thanks for your comment. This is an important consideration; NICE will continue to engage with key stakeholders (Including the RCPCH) to ensure that children and young people are included within NICE quality standards wherever possible.
33	Consultee 4 Royal College of Speech and Language Therapists		<p>The RCSLT is concerned that by reducing the minimum topic engagement period to 5 days and minimum consultation period to 10 days, there could be an impact on the meaningful contribution from stakeholders that are representing busy clinicians.</p> <p>The RCSLT would like to understand who will determine the key stakeholders are and how? There is a risk that stakeholders will be excluded from consultations because their significance has not been identified.</p>	<p>Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.</p> <p>The interim process guide has been updated to clarify the definition of a key stakeholder. For further information on how NICE identify and involve stakeholders, please see section 4: Stakeholder involvement in the quality standard process guide.</p>
34	Consultee 4 Royal College of Speech and Language Therapists	Prioritising areas for quality improvement:	The RCSLT is concerned about transparency in decision making if a working group is used instead of the committee.	Many thanks for your comment. While the working group would not be publicly observed, themed minutes will be published to ensure the transparency of decision making. There will also always be public consultation where stakeholders can challenge the assumptions made by the working group and these will be addressed.
35	Consultee 4 Royal College of Speech and Language Therapists		While RCSLT recognises the potential value of this approach in avoiding duplication and contradictory guidance, we believe this would need extensive consideration and engagement with stakeholders. As the NICE accreditation programme is currently suspended, how will NICE determine the quality of external guidance?	<p>Many thanks for your comment. As the accreditation programme has now closed, NICE are developing a robust process to make use of non-NICE guidance.</p> <p>The current NICE guideline manual (chapter 8.4) provides some detail of how non-NICE guidance can be used in guideline development. Further information</p>

			Clearly, different sets of guidance are produced for different purposes and to different standards and RCSLT believes there are risks if guidance is used for a purpose for which it was not intended. Furthermore, there is the possibility of confusion around the weighting given to guidance produced by NICE as opposed to endorsed or signposted by them. We seek further detail and clarification on this point.	on the use of external guidance will be available in due course on the NICE website.
36	Consultee 5 Healthcare Quality Improvement Partnership (HQIP)		Support the introduction of more proportionate, agile and responsive approaches.	Thank you for your comment.
37	Consultee 5 Healthcare Quality Improvement Partnership (HQIP)		HQIP would like NICE to ensure that NCAPOP projects are considered as "key stakeholders" when developing a topic overview and therefore we would want them to have the opportunity to feed in to this part of the process and they should have any key engagement opportunities flagged in advance so they can make themselves available to participate.	Thank you for your comment. We will continue to work closely with HQIP. As part of our agreed processes for quality standard development we will contact HQIP and NCAPOP projects to highlight upcoming and ongoing quality standard and agree how we work collaboratively on any individual project. As requested HQIP will be considered as key stakeholders for all quality standards.
45	Consultee 7 Bayer	Developing a topic overview	It is not clear how 'key' stakeholders will be identified. We suggest that the consultation should be open to all stakeholders who meet the current eligibility criteria to reduce the risk of selection bias.	Many thanks for your comment. The interim process guide has been updated to clarify the definition of a key stakeholder. While in some circumstances topic engagement may be limited, consultation will always be open to all.
46	Consultee 7 Bayer	Consultation: A flexible public consultation for registered stakeholders	We suggest 10 working days is insufficient time to allow for staff absence and internal alignment. If such a short consultation period is to be allowed, we suggest that it is important that the dates of the consultation are published in advance and communicated to registered stakeholders.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
47	Consultee 7 Bayer	Use of external guidance to support the development of quality standards	We suggest that non-NICE accredited guidelines should not be used in the development of quality standards. Without appropriate accreditation there is no assessment of the quality and robustness of the guideline development methodology - including importantly the inclusion of stakeholder consultation.	Many thanks for your comment. As the accreditation programme has now closed, NICE are developing a robust process to make use of non-NICE guidance. The current NICE guideline manual (chapter 8.4) provides some detail of how non-NICE guidance can be used in guideline development. Further information on the use of external guidance will be available in due course on the NICE website.

48	Consultee 8 Genetic Alliance UK	Developing a topic overview	It would be beneficial to outline how these key stakeholders would be identified to ensure none are missed. While we welcome a streamlining of processes and a proportionate approach, detail should be provided to reassure stakeholders that the quality of engagement is not de-prioritised.	Many thanks for your comment. The interim process guide has been updated to clarify the definition of a key stakeholder.
49	Consultee 8 Genetic Alliance UK	Developing a topic overview	We welcome the transparency of publishing records on the NICE website.	Many thanks for your comment.
50	Consultee 9L KCL		I agree that a proportionate approach is required and that this will necessarily require some fast decisions. The subsequent collection of high quality observational data in the NHS will provide a better understanding and particularly how to tailor these therapies in everyday practice. So what is suggested seems fine except that I do not understand the definition of a key stakeholder in the topic engagement section. This group will effectively decide, mostly in advance, what areas or approaches will be considered. Not only will this reduce the likelihood of swift responses to an emerging digital software but, importantly, it is not clear how these stakeholders are chosen, where the suggestions for topics come from or if these stakeholders might change depending on the area for investigation. For example, recently NICE carried out an EVA approach on digital therapies for psychosis and allowed three to be entered into the NHS. Why these three and not others? Who were the stakeholders that made this decision. Two of the therapies were about reducing symptoms and one about relapse prevention. The initial evidence for all was relatively light with no independent evidence (although I gather this will be provided). The relapse prevention evidence was not light but absent except for the work in one centre. This is in contrast to work on another approach, cognitive remediation where there is a lot of evidence of benefit for recovery, many meta-analyses and products that are developed in the UK. This therapy is also part of SIGN and NICE guidance, is included in other guidance around the world including the recent EPA guidelines. How does the process work to make these choices? Is the process heavily weighted towards symptom reduction rather than recovery support? How much weight is given to the importance of the topic to service users?	<p>Many thanks for your comment. The interim process guide has been updated to clarify the definition of a key stakeholder as used by Quality Standards.</p> <p>This interim process guide covers only the process for Quality Standard development and does not influence or impact other NICE processes such as Early Value Assessment (EVA)</p>
51	Consultee 10 RCGP	Developing a topic overview	We would need to ensure that this is well communicated to stakeholders. Especially for those who have a large volume of engagement to manage such as RCGP. Additionally, the documents need to be clear and concise to enable easy response. / 5 days sounds short for organisations to respond -	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
52	Consultee 10 RCGP	Developing a topic overview	RCGP would expect to be a key stakeholder given our wide policy remit. We would also value key engagement with the NICE GP	Many thanks for your comment. The interim process guide has been updated to clarify the definition of a key

			clinical adviser who would not necessarily be representing the views of the College. / definitely	stakeholder. Relevant information will always be shared between the QS team and the NICE's clinical advisers.
53	Consultee 10 RCGP	Developing a topic overview	We would welcome this opportunity and have a wide network of RCGP representatives to call upon for their topic expertise.	Many thanks for your comment.
54	Consultee 10 RCGP	Prioritising areas for quality improvement:	We believe it is key that sufficient patient representation should be a generic need of this working group. / Including GP	Many thanks for your comment. The interim process guide has been updated to clarify the definition of a key stakeholder. Professional and patient organisations will be represented.
55	Consultee 10 RCGP	Reviewing consultation feedback	We are concerned that this risks the unconscious bias of the committee chair in the final decision making. We question what safeguards are in place for committee chairs to mitigate this issue.	Thank you for your comment. As with full quality standard advisory committees, decisions will be made based on consensus. Please refer to the section on Voting, point 31 and 32, of the <i>quality standard advisory committee terms of reference</i> for further information on decision making and voting. This section in the interim process guide has been amended for clarity.
56	Consultee 10 RCGP	Consultation: A flexible public consultation for registered stakeholders	RCGP has a Clinical Adviser Network made up of ~100 GPs who contribute to all of our clinical consultations. We have a fortnightly newsletter where consultations are highlighted following which responses are gathered. We are concerned the minimum 10-day period may limit our ability to respond/provide a comprehensive College response.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
57	Consultee 11 RCN	Developing a topic overview	The proposed reduction in the time available for stakeholders to comment on the topic engagement could potentially impact on the volume and nature of the response the NICE might receive. The proposed five working days turnaround time is a very short time for busy working professionals, who sometimes work shifts and need to set aside some time to review and comment on the draft documents. Our members wish to and are invited to undertake the reviews on behalf of the RCN and do need time to meaningfully undertake the requests to contribute to NICE workstreams whilst also dealing with the pressures of their busy working schedules.	Thank you for your comment. Advance notice of public consultations and topic engagements period will always be given, as well as reminders and opportunities for stakeholders to request extensions.
58	Consultee 11 RCN	Prioritising areas for quality improvement:	Care must be taken to ensure that healthcare professionals including nursing are represented in proposed working groups and not compromised. Where nurses are represented on the QASC, nurses should equally be represented on the Working Group.	Many thanks for your comment. As per the quality standards process guide, NICE will ensure an appropriate representation of professional and patient organisations are represented in all stages of the process.
59	Consultee 11 RCN	selecting and sequencing quality standards	The statement in the current Quality Standards Process Guide refers to the Health and Social Care Act 2012. This needs updating in line with the current Health Care Act 2022 and the NHS 5 Year Forward Plan. Overall, the current Process Guide provides clear information	Many thanks for your comment. Updating the quality standard process guide is outside the scope of the consultation on the interim guide; however, we will review the reference to the health and social care act

			outlining the process and approach to developing and maintaining NICE's quality standards.	when the current process guide is fully updated in 24 months.
60	Consultee 12 NHSE MHLDA	General	We could not see any reference to the development of topic faculties for review of specific suits of guidance's (eg MH).	Many thanks for your comment. This interim process guide covers only the development of quality standards. The use of topic faculties and topic suites is being led by the guidelines team.
61	Consultee 12 NHSE MHLDA	General	We suggest the role of NHSE as a stakeholder could be made clearer in considering prioritisation and commissioning implications.	Many thanks for your comment; this has been reviewed by the NICE team. The interim process guide has been updated to clarify the definition of a key stakeholder.
62	Consultee 12 NHSE MHLDA	General	It would be beneficial for it to be clearer as to how does equality impacts support this whole process, from deciding which topics apply/do not apply and the process itself. Consideration needs to be upon smaller or more marginalised groups. Perhaps it would be appropriate to have an equality impact framework to enable assessments on impact	Many thanks for your comment. Please see section 5.2 Equality Analysis of the quality standard process guide. All quality standards are subject to equalities and health inequalities impact assessment. A EHIA has completed alongside the development of the interim process and should read alongside this interim process.
63	Consultee 12 NHSE MHLDA	General	We suggest reference is made to what actions will be taken to help ensure stakeholder lists are equitable ? this links to what the process is for reviewing of stakeholder lists be reviewed for gaps and risks of gaps and bias, especially with new timings? Who asks for the new quality standards and how is that assured to be equitable and fair as between different groups or are these more system standards? How will it be known what the implications are for different groups?	Many thanks for your comment. NICE aims to involve as wide a range of stakeholders as possible in its activities and applies this principle to the development of quality standards. We encourage professional, patient, service user, carer, community and voluntary organisations, as well as organisations of groups protected by the equality legislation, to register as stakeholders and get involved in consultations. Please see section 4 of the quality standards process guide for more information about stakeholder involvement.
64	Consultee 12 NHSE MHLDA	General	From the current documents, we are unable to work out if there has to be an existing standard to get a update short process standard – what happens If a quick standard is needed and there is not an existing quality standard?	Many thanks for your comment. Elements of the interim process could be applied in the case of a new quality standard being developed or an existing quality standard being updated, as needed.
65	Consultee 12 NHSE MHLDA	General	Will people and families from different background be involved in the working groups? If not, why not? Do they need to create a broad framework and payments for public involvement with groups for all needs and backgrounds like NIHR to assure this?	Many thanks for your comment. NICE aims to involve as wide a range of stakeholders as possible in its activities and applies this principle to the development of quality standards. The membership of working groups has been clarified in the interim process. Please also see our policy on non-staff reimbursement.
66	Consultee 12 NHSE MHLDA	General	Can external guidance also include NHS England policy and guidance (royal colleges and international mentioned only)?	Many thanks for your comment. NICE are developing a robust process to make use of non-NICE guidance. The current NICE guideline manual (chapter 8.4) provides some detail of how non-NICE guidance can be used in guideline development. Further information

				on the use of external guidance will be available in due course on the NICE website.
67	Consultee 12 NHSE MHLDA	General	We would very much wish to have opportunities to shape the process	Many thanks for your comments. The interim process will be used over the next 24 months to support us as we ensure our guidance remains relevant, timely useable and effective. We will continue to welcome feedback throughout this time. This feedback will be considered as part of full update of our quality standard process guide and support the shaping of our future processes.
68	Consultee 13 NHSE HIIT	General	We agree with stated impact on disability and race or ethnicity and would argue this also applies to socioeconomic status and inclusion health/ vulnerable groups as more likely to have reduced resource to feedback promptly.	Many thanks for your comment.
69	Consultee 13 NHSE HIIT	General	We would like to see the 'health inequalities factor' brought into quality standard development .	Many thanks for your comment. Please see section 5.2 Equality Analysis of the quality standard process guide. An Equality and health inequalities assessment (EHIA) is published, for public review and comment, at key stages of quality standards development.
70	Consultee 13 NHSE HIIT	General	We would like to see healthcare inequalities improvement planning matrix considered in this process: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/contacts-and-resources/healthcare-inequalities-improvement-planning-matrix/	Many thanks for your comment. This is outside the scope of this consultation. Please see section 5.2 Equality Analysis of the quality standard process guide. An Equality and health inequalities assessment (EHIA) is published, for public review and comment, at key stages of quality standards development.
71	Consultee 13 NHSE HIIT	General	As a positive, a more agile approach will be of benefit in responding more quickly with quality standards that help reduce inequalities	Many thanks for your comment.
72	Consultee 13 NHSE HIIT	General	Please include 2 slides added to presentation which our team would like to be included in response.	Many thanks for your comments. This is outside the scope of the interim process consultation.