



Updates

Commissioning, contracting, and contextualizing guidelines to other jurisdictions: Experience from NICE

Knowledge exchange seminar series

A collaboration between NICE International and IHOPE

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This knowledge exchange seminar series was organized as a part of the collaborative project between the National Institute for Health and Care Excellence (NICE) International and IHOPE to develop and implement evidence-based clinical guidelines in India. This paper is the sixth in the series and further information on the other papers can be found at <https://ihojournalofophthalmology.com/current-issue>.

This paper aims to give an overview of how NICE commissions guidelines, and how NICE guidelines can be contextualized to other local settings with the support of NICE.

COMMISSIONING AND CONTRACTING GUIDELINES

The importance of having a centralized process for managing the guideline development process was outlined in paper 1 of this series: <https://ihojournalofophthalmology.com/current-issue>.

At NICE, the commissioning team commissions, and contracts with the guideline development team who produces guidelines. Managing a large portfolio of guidelines means that achieving a balance between time, quality, and funding is crucial. This centralized process has to be responsive to the needs of the healthcare system. The COVID-19 guideline development process introduced by NICE at the start of the pandemic is an example of such a response to the healthcare system's needs. The request from the NHS was for guideline to be produced rapidly (within 3 weeks) rather than under the usual timeframe of 2–2.5 years. This required more resources, a different approach to the usual ways of working, including wider collaboration between teams, sharing of resources, and more streamlined processes to meet the pressing timelines.

CONTEXTUALIZATION

Given the resources and time need to develop de-novo guidelines, adaptation, or contextualization of high quality guidelines are ways of producing locally relevant guidelines in a quicker and less resource intensive manner. These methods also promote local ownership, improve relevance, and help build capability in guideline development methodology in the organization conducting the contextualization.

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NICE NG17	NCG 17
1.15.2 Depending on the findings, follow structured eye screening by: <ul style="list-style-type: none"> • routine review annually or • earlier review or • referral to an ophthalmologist 	3.16.4 Depending on the findings, follow structured eye screening by: <ul style="list-style-type: none"> • routine review annually by digital photographic screening via RetinaScreen or by clinical exam or • earlier review or • referral to an ophthalmologist if indicated
Rationale: Eye disease section amended based on recommendation of Irish National Retinal Screening Programme/ RetinaScreen.	
NICE	

Figure 1: Example of contextualized recommendation (taken from NICE International and IHOPE session 6 - Commissioning and contracting guidelines: Experience from NICE: Focus on Contextualization February 15, 2022).

There are different methodologies that support the adaptation of guidelines from one jurisdiction to another. One of the most well-known methodologies is the one described by the ADAPTE collaboration (The ADAPTE Process: Resource Toolkit for Guideline Adaptation).^[1]

NICE bases the approach for the contextualization of its guidelines to other jurisdictions on the ADAPTE framework but applies modifications to it. Contextualization is the process of making changes to a NICE guideline relating to the delivery of care specific to a population or care setting. NICE provides support to the external organization (“the secretariat”) who is responsible for managing the process for contextualization. The secretariat works a Guideline Development Committee who will be responsible for making changes to the NICE’s guideline recommendations because of contextual differences. These changes should be substantiated by evidence of contextual nature. NICE quality assures the proposed changes ensuring that these changes are based on evidence of contextual nature and that the robustness and quality of the original guideline is maintained. In summary, the following key steps are followed:

- Preparing for contextualization: Including agreeing to the process for contextualizing the guideline, recruiting a committee, and agreeing on the contextualized guideline scope
- Drafting of the guideline: Including the suggested changes to the original guideline recommendations because of evidence of contextual nature and the justification and rationale
- Review of the draft contextualized by the NICE: Including a quality assurance
- Public consultation
- Consideration of the comments and incorporating changes as a result
- Publishing of the final contextualized guideline.

Within the contextualization process, clarity of the defined roles and responsibilities of each of the three teams is crucial. The secretariat’s main responsibility is to recruit and manage the guideline committee and to collaborate with NICE on the process plan, develop and oversee stakeholder consultation, and finally publish the guideline. The guideline committee’s main role is to appropriately contextualize the guideline scope and recommendations while providing the necessary contextual justifications for the proposed changes. NICE’s main role is to perform a quality assurance function to ensure consistency with the supporting evidence base. NICE also provides support on the committee constituency, how to manage conflicts of interests, and how to conduct stakeholder and public consultation. The final contextualized guideline is co-badged between the organization contextualizing the guideline and NICE.

EXAMPLE OF A NICE CONTEXTUALISED GUIDELINE

The Irish Adult Type 1 diabetes mellitus guideline^[2] is an example of a NICE contextualized guideline. This was based on the NICE guideline on Type 1 diabetes in adults: diagnosis and management (NG17).^[3]

The contextualized guideline included a number of changes. For example, the guideline committee in Ireland amended the recommendation on structure eye screening detailing the type of imaging to be used to ensure consistency with the Irish National Retinal Screening program. In the contextualized guideline this change is outlined in a table and the justification is given as in [Figure 1].

CONCLUSION

This article summarizes the process for commissioning and contextualizing guidelines. NICE and IHOPE

are willing to collaborate in this area to develop and contextualize high quality guidelines to the Indian Context.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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