About NCGC

Who we are

The NCGC was formed in April 2009 following the merger of the National Collaborating Centres for Acute Care, Chronic Conditions, Nursing and Supportive Care and Primary Care. Hosted by the Royal College of Physicians, the NCGC is one of the largest clinical guideline development organisations in the world.

The work of the NCGC is overseen by a governance partnership between the Royal Colleges of General Practitioners, Nursing, Physicians and Surgeons. Each college is represented on the NCGC management board, alongside representatives from the Royal College of Physicians Patient and Carer Network, the UK Cochrane Centre, and NHS England.

What we do

The NCGC is commissioned to develop NICE clinical practice guidelines. NICE guidelines provide care standards within the NHS for healthcare professionals, patients and their carers on the prevention, treatment and care of people with specific diseases and conditions. The NCGC specialises in guidance for acute and chronic conditions and delivers a large work programme covering a wide variety of clinical and service delivery topics.

How we work

The NCGC is a vibrant, dedicated and enthusiastic team with a staff of 70 people. The majority are research specialists in systematic reviewing, health economics and information science, supported by operational and clinical directors, project managers and project co-ordinators.

Each guideline in the NCGC work programme is overseen by an independent guideline development group (GDG). Membership of a GDG comprises healthcare professionals and patient/carer representatives supported by the NCGC technical team. GDGs meet regularly to review evidence and develop guideline recommendations. All guidelines are supported by robust processes for stakeholder consultation, ensuring that all available evidence and perspectives are taken into account prior to publication.

Contact

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Guidelines in development

See NICE website for list of all clinical guidelines in development.

Guideline development groups

All of our guidelines are led by independent guideline development groups (GDG). GDGs are multi-disciplinary groups of healthcare professionals, patients and carers, and technical specialists. Their role is to agree review questions, assess the quality of evidence and develop guideline recommendations.

See the NICE guidelines manual for information on appointments to GDGs and the role GDG members, the GDG chair and technical specialists.

Development of the guideline

What is a guideline?

Our clinical guidelines provide recommendations for the care of individuals with specific clinical conditions or circumstances. Recommendations can cover prevention and self-care, primary and secondary care treatments and interventions, and more specialised services. We base our clinical guidelines on the best available research evidence, with the aim of improving the quality of healthcare. Predetermined and systematic methods are used to identify and evaluate the evidence relating to specific clinical questions.

Clinical guidelines can:

- provide recommendations for the treatment and care of people by health professionals
- be used to develop standards to assess the clinical practice of individual health professionals
- be used in the education and training of health professionals
- help patients to make informed decisions
- improve communication between patient and health professional.

While guidelines assist the practice of healthcare professionals, they do not replace their knowledge and skills.

Developing clinical guidelines

The following provides a brief summary of how we develop clinical guidelines. For more detailed information please refer to the NICE guidelines manual.

1. The guideline topic is referred

The Department of Health refers clinical guideline topics to NICE, which commissions one of its specialist Centres to produce the clinical guidelines. Topics relating to general, chronic and acute conditions are referred to the NCGC; other NICE funded Centres specialise in topics relating to cancer, mental health, and women's and children's health. Read more about how guideline topics are chosen on the NICE website.
2. Stakeholders register an interest

Stakeholders are usually:

- national organisations representing patients and carers and/or healthcare professionals
- companies that manufacture medicines or devices related to the guideline topic
- providers and commissioners of health services
- statutory organisations
- research organisations that have produced nationally recognised research related to the guideline topic.

Read more about stakeholder registration on the NICE website. Stakeholders are consulted throughout the guideline development process.

3. The scope is prepared by the NCGC

The NCGC prepares the scope. This document sets out what the guideline will and will not cover. NICE, registered stakeholders and an independent guideline review panel all contribute to the development of the scope.

4. The guideline development group is established

The NCGC establishes the guideline development group (GDG) through an open recruitment process. The GDG consists of healthcare professionals, patient and carer representatives and technical experts.

5. A draft guideline is produced

The GDG searches for and assesses the best available evidence according to the methodology set by NICE (see NICE guidelines manual) and makes recommendations.

6. Consultation on the draft guideline

There is at least one public consultation period for registered stakeholders to comment on the draft guideline. An independent guideline review panel ensures that stakeholder comments have been responded to appropriately and taken into account.

7. The final guideline is produced

Once the stakeholder comments have been considered and the guideline updated, the NCGC produces the final guideline.

8. The Guidance is issued

NICE formally approves the final guideline and issues its guidance to the NHS.

The NCGC and NICE produce a number of versions of this guideline:

- the full guideline contains all the recommendations, plus details of the methods used and the underpinning evidence
• the **NICE guideline** presents the recommendations from the full version in a format suited to implementation by health professionals and NHS bodies
• the **Quick Reference Guide (QRG)** presents recommendations in a suitable format for health professionals
• **Understanding NICE guidance (UNG)** is information for the wider public and is written using suitable language for people without specialist medical knowledge.

### Evidence into practice

Once guidelines have been published, the importance of implementing guideline recommendations and embedding evidence into practice is key to shaping high quality care. Typically, this will involve changes in clinician behaviour and decisions, and support for patients and their carers in accessing the best evidence-based care. The responsibility for providing quality care shaped by the best available evidence is shared by all practitioners. To assist practitioners in achieving this aim, the NICE implementation team works with the guideline developers in preparing tools to support the implementation of guideline recommendations.

You can see examples of guideline implementation tools on the NICE website. The link below shows tools developed for the Irritable bowel syndrome guideline, ranging from audit support to the care pathway algorithm.

**Link to NICE guideline Irritable bowel syndrome**

The NCGC team also aims to increase the uptake of guideline recommendations by supporting NICE in promoting awareness of guidelines among healthcare professionals and patient/carer organisations. The NCGC works closely with the Royal Colleges of General Practitioners, Nursing, Physicians and Surgeons in running educational events, organising conferences, publishing articles and developing and supporting other implementation materials.

An example of other resources developed to support guideline implementation is available on the Royal College of Nursing website, building on the recommendations developed for the RCN guideline on perioperative fasting. The guideline, originally commissioned by RCN members, has been appraised using the AGREE instrument and embedded into the NICE guideline on sedation for children and young people.

**Link to RCN resource on perioperative fasting**

### Publications

See below for a selection of articles published by the NGCG in academic and medical journals, along with examples of conference presentations and posters. Links to full text articles and abstracts are included where available.

of the use of a high-intensity statin compared to a low-intensity statin in the management of patients with familial hypercholesterolaemia. Current Medical Research and Opinion 2010, 26(3):529-36


Tyrrell P, Swain S, Rudd A. Diagnosis and initial management of transient ischemic attack. Clinical Medicine 2010, 10(2):164-7

Latimer N, Lord J, Grant RL, O'Mahony R, Dickson J, Conaghan PG. Cost effectiveness of COX 2 selective inhibitors and traditional NSAIDs alone or in combination with a proton pump inhibitor for people with osteoarthritis. BMJ 2009, 339:b2538


Treasure T, Chong LY, Hill J. All patients admitted to hospital should be assessed for risk of VTE. Guidelines in Practice 2010, 13(3):11-20

Parnham J, MacMahon D. Diagnosis and management of Parkinson's disease: what the NICE guidelines say, and why. Primary Health Care 2008, 18(3), 31-35. 1-4


Crowe E. The NICE way to manage anaemia of chronic kidney disease. Primary Health Care 2008, 18(5), 31-34


Yates D, Aktar R, Hill J. Assessment, investigation, and early management of head injury: summary of
Marsden G, Perry M, Kelley K, Davies AH. Diagnosis and management of varicose veins in the legs: summary of NICE guidance. BMJ. 2013; 347


Sarri G, Ritchie G, Hill-Cawthorne G. Identification, testing, and support are key in chronic hepatitis B. Guidelines in Practice. 2013; 16(11)

Hodgkinson S, Pollit V, Sharpin C, Lecky F. Early management of head injury: summary of updated NICE guidance. BMJ. 2014; 348:g104


Conference presentations and posters


Sparrow K, Shaw EJ, Cotterell M. Should every practice have oxygen available for patients with suspected ischaemic chest pain? Royal College of General Practitioners Conference; 2008


Nunes VD, Shaw EJ, Stokes T, Camosso-Stefinovic J. Can socio-economic evidence be used in clinical guidelines? The case of the National Institute for Health and Clinical Excellence (NICE) obesity
**Guideline development group recruitment**

An independent guideline development group is set up by the NCGC for each clinical guideline being developed. Group members include health professionals and patient/carer representatives with relevant expertise and experience. Registered stakeholders are invited to nominate people to join the group.

The guideline development group looks at the evidence available and considers comments made on draft versions of the guideline issued for consultation before making final recommendations.