SCOTTISH HEALTH PROTECTION NETWORK
Promoting and Supporting Good Practice

Scottish Health Protection Network Guidance Group (SHPN-GG)

(Version 4.0 FINAL)

Guidance Review and Update Methodology

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1. Summary

This document outlines the approach for reviewing and updating existing guidance documents within the context of the Scottish Health Protection Network (SHPN). It is important that guidance documents are reviewed and updated so that they remain useful and relevant, and contain the most up-to-date advice. Guidance documents should be reviewed and updated at least every three years but reviews can be brought forward if, for example, there have been significant clinical, scientific or public health developments. The SHPN-Guidance Group (SHPN-GG) is responsible for overseeing and facilitating the maintenance of guidance documents. A purposefully-created Guidance Development Group (GDG), set up by the SHPN-Topic Group (SHPN-TG), will be responsible for reviewing and producing the updated version of the guidance document. A healthcare scientist (HCS) will assist the process by conducting literature reviews and critical appraisals (either provided by SHPN-GG or SHPN-TG or the associated HPS Team). Following making changes to the document, consultation and further updating; final approval of the updated guidance document must be obtained by: the SHPN-TG for scientific and technical content (or SHPN-Coordination when the content is overarching in relation to health protection in Scotland) and the SHPN-GG for quality assurance.

2. Background

Guidance can be produced internally under the badge of SHPN, or externally by recognised public health organisations outside Scotland (e.g. Public Health England [PHE], the European Centre for Disease Control [ECDC], the US Center for Disease Control [CDC], the World Health Organisation [WHO]) and approved for use by the SHPN.

The '*SHPN Framework for Health Protection Guidance Development'* outlines the categorisation and methods employed by the SHPN, encompassing:

- The development of new guidance;
- Reviewing and updating existing SHPN guidance; and
- Reviewing guidance produced externally to SHPN, for acceptability of use in Scotland.

Within this Framework, the SHPN-Guidance Group (SHPN-GG) has outlined two categories of health protection guidance in Scotland:

- Evidence Based Guidelines (EBG) - type A and A*
- Good Practice Guidance (GPG).

The SHPN has also produced four methodology documents to promote and support consistent implementation of the Framework:

- Evidence Based Guideline Methodology
- Good Practice Guidance Methodology
- Guidance Review and Update Methodology
- Review of External Guidance for Acceptability of Use in Scotland Methodology

Two further protocols have also been produced by the network:

- Protocol for the Rapid Development of Guidance
- Protocol for the Development of Consensus Based Recommendations

Formerly, SHPN had defined two additional categories of guidance (*Rapidly Developed Guidance (RDG) and Consensus Based Guidance (CBG).* Following a review, the SHPN concluded that these did not merit being considered as distinct types of SHPN guidance, as they referred primarily to protocols used to produce guidance documents. These categories have therefore been redefined as SHPN endorsed protocols to support guidance development.

All guidance categories and methodologies are discussed in the '*SHPN Framework for Health Protection Guidance Development*'.

The maintenance of guidelines that have been previously produced is important so that they remain useful and relevant, and contain the most up-to-date advice.

This document outlines the SHPN approach to the review and update of guidance documents defined in the *SHPN Framework for Health Protection Guidance Development*. It focuses solely on the review and update of guidance documents and not on the creation of new guidance documents.

3. Terminology

- Maintenance: Refers to the process of reviewing and updating existing guidance documents. Maintenance can be in the form of (1) a refresh, or (2) a rewrite.
- Maximum review period: This is the maximum length of time that a guidance document should remain in the public domain before being reviewed and updated.
- Refresh: Refers to the maintenance of a guidance document where only minor changes are required.
- Rewrite: Refers to the maintenance of a guidance document where more substantial changes are required.
- Guidance Development Framework: As outlined in the '*SHPN Framework for Health Protection Guidance Development'* document; there are two basic categories of guidance that are classified based on the type of evidence used to develop the guidance:
    - *Evidence Based Guidelines (EBG)*
    - *Good Practice Guidance (GPG)*

4. Roles

The review and update of guidance documents involves several different individuals or groups of individuals. There may be overlap between the groups as individuals may be members of more than one group. Appendix 1 outlines the roles and responsibilities of those individuals or groups.

5. Proposed review period

It is proposed that existing guidance documents should be reviewed and updated at least every three years, with three years being the suggested maximum review period. Review of the document would commence at the start of each three year cycle.

The length of time can depend on whether there have been any significant clinical, scientific or public health developments. If, since the last review, information becomes available that is relevant to or supersedes pre-existing guidance in Scotland; a guidance review can be brought forward, i.e. updated before the three year maximum review period. This may be particularly relevant to guidance documents that were developed using lower-graded evidence. If, since the last review, no new evidence has become available, a review will likely be unnecessary. Likewise, a review might be deemed unnecessary if the subject is no longer of public health concern in which case the guidance could be deleted with the agreement of both the SHPN-TG and the SHPN-GG.

In order to identify any significant developments in the clinical, scientific or public health literature, it may be useful to establish automatic search alerts (e.g. Ovid auto alerts) that are maintained and evaluated frequently by the SHPN-TG.

6. Duration

The length of time required to review and update a guidance document will vary and depend largely on the volume of new evidence to consider and the nature of review required (refresh versus rewrite).

However, it has been estimated that approximately three months will be required to conduct a literature review and critical appraisal of the evidence. If the evidence has substantially changed and if a major rewrite is considered necessary, then more resources (i.e. time, reviewers) may be required.

In addition to the literature review and critical appraisal, it is expected that other steps in the maintenance of guidance documents, as outlined in Appendix 2 (e.g. forming of groups, meetings, consultation of review guidance document, preparation of final version etc), will take approximately 3-6 additional months to complete.

7. Estimated annual workload

The SHPN-GG suggests that 3 - 4 guidance documents would ideally be reviewed per year. This is based on the capacity of the SHPN-GG Healthcare Scientist, however if SHPN-TGs maintain their own guidance documents and provide their own HCS, then more documents can be reviewed.

The most urgent review (in terms of need for guidance) will be given highest priority. If all are of equal urgency, the oldest will be reviewed first.

It is recognised that, with time, more guidance documents will likely be added to the SHPN-GG's catalogue. To sustain the review and maintenance of those documents it is clear that further resources than are currently available, will be required. It has been suggested that in such instances, the SHPN-TG (or the associated HPS team) would be responsible for providing extra resources (i.e.

HCS) to facilitate carrying out literature reviews and critical appraisals (refer to the '*SHPN Guidance: Resourcing Model*' document).

8. Suggested protocol for the maintenance of guidance documents

The suggested protocol for the maintenance of existing guidance documents is shown in Appendix 2. The appropriate steps to take are listed in chronological order.

9. Consultation

The updated guidance, once drafted, will require consultation with key stakeholders. The SHPN-TG should provide a list of organisations/groups and any template/questions they wish to use for consultation to the SHPN-Portfolio Management Team (**NSS.HPS-SHPNPortfolioteam@nhs.net**) who will then issue the guidance document for consultation. The consultation period should be a minimum of 4 weeks.

Consultation with external professional bodies and stakeholders is an integral part of the guidance development process, and the received feedback constitutes a vital part of the quality-assurance and peer-review processes.

10. Approval and publication

The guidance document that results from considering the consultation is circulated, once again, within the GDG, and thereafter among the SHPN-TG, for final comments. The document should be updated appropriately. Before the final version can be published, final approval of the guidance document is obtained as follows:

- The SHPN-TG signs-off for scientific and technical content,
- The SHPN-GG signs-off for quality assurance, and
- The SHPN-Coordination group sign-off in respect of scientific and technical content when the content is overarching to health protection

Appendix 3 and 4 provide the checklists required for scientific (Part A) and quality assurance (Part B) sign-off. The final version of the guideline will then be provided to the graphics team at HPS who will produce a web-compatible version of the document.

This is the standard sign-off protocol regardless of the category of guidance document whether it is a new or updated guidance document. Where any of the appropriate quality standards are not met, these will be identified and reasons given for the non-conformance. Guidance documents meeting the quality standards will be published via the SHPIR web site.

Please refer to '*SHPN-Review of External Guidance for Acceptability of Use in Scotland Methodology'* for approval of guidance documents external to the SHPN.

Appendix 1: Roles and responsibilities of groups and individuals involved in the maintenance of guidance documents.

Abbreviation	Title	Role and responsibilities in the instance of guidance maintenance
SHPN-GG	Scottish Health Protection Network Guidance Group	• Responsible for overseeing and facilitating the maintenance of guidance documents. • Responsible for flagging the need for guidance maintenance for documents approaching three years since the last review. • Provide support to the SHPN-TG and GDG. • Help coordinate the consultation process. • Gives approval of guidance scope and methodology in planning stage • Gives final approval of updated guidance document in terms of quality assurance.
SHPN-TG	Topic group	• An established group of the SHPN working in the area of surveillance and health protection of the subject area. • Should be aware of gaps in knowledge or any significant clinical, scientific or public health developments. • If significant developments become apparent, SHPN-TG responsible for flagging the need for early guidance maintenance. • Deciding if the review is to be undertake by the SHPN-TG itself or b) a specially-formed guidance development group (GDG). Option (b) is preferred, due to the perceived added rigour to the guidance development process • Responsible for establishing a GDG and appointing a GDG chair. • May decide that they can review guidance in-house (i.e. within the group and not through the GDG) with support of the SHPN-GG. • Collate lessons learned, IMT (outputs and recommendations), professional intelligence for GDG to consider, if appropriate. • Gives final approval of updated guidance document in terms of scientific and technical content. • Responsible for overseeing, facilitating and coordinating production of the guidance document, ensuring conformance with the quality standards for the category of guidance as specified in the '*SHPN, A Framework for Health Protection Guidance Development.*
GDG	Guidance Development group	• A group created by the SHPN-TG that includes individuals who are experts. • The group should include a range of professionals. • Formed in order to review and update the guidance document and responsible for delivery of the final version (if SHPN-TG not carrying out review in-house). • SHPN-TG will usually invite one member of the GDG to be group chair.
HCS	Healthcare scientist	• To provide support and expert assistance to the GDG during the guidance review and update process. • To conduct literature reviews, critical appraisals of the literature and formulation of proposals for recommendations to be considered by the GDG members. • To communicate with the GDG (or SHPN-TG) and feedback information.
SHPN-CG	SHPN-Co-ordination group	• Gives final approval of updated guidance document in respect of scientific and technical content when the content is overarching in relation to health protection in Scotland.

Appendix 2: The steps to take in the maintenance of a public health guidance document.

Abbreviation	Steps of protocol
1.	Guidance document identified as requiring updating. This may be: a) Flagged through SHPN-GG Secretariat when approaching the three year-maximum review period, or b) Identified by the SHPN-TG as requiring early review owing to significant clinical, scientific or public health developments.
2.	The SHPN-GG to: a) Establish if the guidance review is to be carried out by a GDG (preferred) or SHPN-TG. b) Identify a Healthcare Scientist to carry out literature reviews, c) Identify other necessary resources, e.g. secretariat, d) Agree realistic timelines e.g. for delivery of literature reviews, for circulation of revised versions, for publication of finalised document etc.
3.	The SHPN-TG to: a) Identify a group of experts to form a GDG, b) Appoint a chair of GDG, c) Collate lessons learned, IMT (outputs and recommendations), professional intelligence for GDG to consider, if appropriate.
4.	A GDG (or the SHPN-TG if conducting review of document in-house) to: a) Establish if a refresh (minor changes) of the guidance document is required or if more significant amendments are required, b) Formulate key or target questions for the Healthcare Scientist to address in the literature review.
5.	Healthcare scientist (HCS) to: a) Conduct a literature review, b) Extract information that addresses key/target questions, c) Critically appraise literature, d) Feed back to GDG chair / SHPN-TG e.g. using evidence tables.
6.	GDG (or SHPN-TG) to appropriately update guidance document given evidence from literature review, lessons learned, IMT (outputs and recommendations), professional intelligence etc.
7.	Updated guidance document to be sent out for consultation for a minimum of 4 weeks and document edited by GDG (or SHPN-TG) where appropriate. The SHPN-TG and GDG will assist in identifying individuals for the consultation process, forwarding these to the SHPN-Portfolio Management Team (see section 9).
8.	GDG (or SHPN-TG) to appropriately update document given feedback from consultation and complete the checklists in Appendix 3 and 4.
9.	Final approval of the guidance document to be given by: a) SHPN-TG for scientific and technical content, b) SHPN-GG for quality assurance, and c) SHPN-Coordination group in respect of scientific and technical content when the content is overarching in relation to health protection in Scotland.
10.	Final version of the reviewed document to be published, as assisted by the SHPN-Portfolio Management Team. Dissemination and communication of the changes and, where appropriate, support and training to be discussed at this point by GDG/SHPN-TG/SHPN-GG.

Appendix 3. Checklist PART A – For scientific content approval of new/updated guidance

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Checklist PART A: For scientific content approval of new or updated Health Protection Guidance Documents by SHPN-Topic/Coordination Group

To be completed by the SHPN-TG/CG Chair or their nominated representative

Name of guidance document and version:	

Checklist – Answer where applicable *(Please note that the word 'evidence' is used as a broad term and may refer to both evidence derived from peer reviewed scientific literature as well as other forms of evidence e.g. legislation, expert opinion).*	**Yes/ No/NA**	**Comments**
1. Do you consider the evidence on which the recommendations are based to be the best available, the most up-to-date and the most appropriate?		
2. To your knowledge, is there any further relevant information/guidance that has not been included in this document?		
3. Where applicable, have the key questions been addressed?		
4. Where applicable, is there an explicit link between evidence and recommendations?		
5. Are key recommendations easily identifiable, specific and unambiguous?		
6. Does the guidance document give advice or tools on how to put recommendations into practice?		
7. Have the risks, health benefits and side effects of recommendations been considered?		
8. Have the potential resource implications of implementing recommendations been considered?		
9. Are the recommendations feasible?		
10. Are the methods for evidence development clearly described (e.g. systematic literature review, consensus-based methods etc)?		
11. Are the strengths and limitations of the evidence clearly described?		
12. Are any recommendations considered contentious by members of the group following consultation? If yes, please provide details.		

Any further details / notes:

SHPN-TG/CG Approval	**Yes/No**
Is the SHPN-TG/CG content to sign-off the guidance document in respect of scientific content?	

SHPN-TG/CG Chair name:		
SHPN-TG/CG Chair signature:		**Date:**

Appendix 4: Checklist PART B - For quality assurance approval of new/updated guidance

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Checklist PART B: For quality assurance approval of new or updated Health Protection Guidance documents by SHPN-Guidance Group

To be completed by the SHPN-GG Service Delivery Manager in conjunction with the SHPN-GG healthcare scientist (HCS) assigned to the GDG (or their equivalent).

Name of guidance document and version:	
SHPN Category of guidance:	

Checklist – Answer <u>where applicable</u>	**Yes/No/ NA**	**Comments**
1. Was the guidance document :		
a. Requested as a new guidance document, OR		
b. Flagged by the SHPN-GG as requiring review (i.e. approaching three year-maximum period), OR		
c. Identified by the SHPN-TG as requiring early review owing to significant developments?		
2. Was the guidance development or review conducted by:		
a. a GDG, OR		
b. the SHPN-TG?		
3. If it was conducted through a GDG:		
a. Was a group of experts to form a GDG identified?		
b. Was a chair appointed?		
c. Were necessary resources identified? e.g. secretariat, HCS etc.		
d. Were appropriate timelines agreed? e.g. for delivery of literature reviews, for circulation of draft versions, for publication of finalised document etc.		
4. Basis for guidance/recommendations:		
a. Where appropriate, were key questions formulated and discussed by group members?		
b. Did the HCS conduct a literature review using standard and appropriate methodology?		
c. Could recommendations be made based on results from a literature review?		
d. Have formal or informal consensus methods been used to discuss and agree the recommendations / guidance? (please specify which method has been used, primarily)		
5. Document consultation process:		
a. Were any new recommendations formulated with GDG/SHPN-TG/CG input?		
b. Was the draft document sent to GDG/SHPN-TG/CG for an opportunity to comment?		
c. Was a wider group or individuals identified for the consultation process?		
d. Was the document sent out for consultation?		
e. Were responses received to the consultation?		
Any further details / notes:		
SHPN-GG Approval Is the SHPN-GG content to sign-off the guidance document in respect of quality assurance?	**Yes/No**	

SHPN-GG Chair name:		
SHPN-GG Chair signature:		**Date:**