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## Comparing the methods used by HAS and NICE to develop clinical practice guidelines

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**Background:** NICE is a British independent organisation providing national guidance on clinical practice, health technologies, and public health. HAS is a French independent public body with the same assignment. It also accredits healthcare organisations and certifies physician participation in continuous quality improvement.

**Purpose:** To compare the methods used by NICE and HAS to develop clinical practice guidelines.

**Methods:** Information was retrieved from the NICE and HAS websites.

**Results:** NICE commissions 1 of 7 National Collaborative Centres to develop a guideline. The choice of centre depends on the topic set by the Department of Health. HAS' own staff develops guidelines on topics requested by various stakeholders (Ministry of Health, national health insurance ...). The scope of the guideline is open to public consultation in the NICE method (stakeholders have to register). It is defined by healthcare professionals during a half-day meeting in the HAS method. The scope is approved by an independent body (Guideline Review Panel (GRP) and "*Comité de validation des recommandations*" (CVR), respectively). Healthcare professionals volunteer to take part in the Guideline Development Group in the UK. They are chosen from a list proposed by the specialty societies concerned by the topic in France. The group meets either every month during 12 to 18 months (NICE) or 3 to 4 times (HAS). The draft guideline is submitted to public consultation in the UK and to designated peer reviewers in France. Once agreement has been reached on the final guideline (GRP or CVR), it is submitted for approval (NICE or "*Collège de la HAS*"). Guideline development by NICE takes 24 to 30 months and, by HAS, 12 to 16 months.

**Discussion:** The two methods differ with regard to process and time taken. Whether the differences affect the final guideline and its impact needs to be appraised.