

POLICY FOR IMPLEMENTATION OF NATIONAL INSTITUTE FOR CLINICAL HEALTHCARE EXCELLENCE (NICE) PUBLICATIONS

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| KEY CHANGES FROM PREVIOUS VERSION | 3 month extension (QC Sept 21) |
| AUTHOR: | Head Of Clinical Effectiveness |
| CONSULTATION GROUPS: | Clinical Governance Cascade Groups All leads for NICE implementation in local Q&S Groups |
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| COPYRIGHT | 2017 |

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| POLICY SUMMARY |
| The principles contained within this Policy and the associated Procedure aim to ensure that the Trust has the necessary information, processes and support available to consider and implement the relevant NICE Guidance, Technology Appraisals and Quality Standards within the Trust's services. This Policy should be should be read in conjunction with the EPUT Procedure for Implementation of National Institute for Clinical Healthcare Excellence (NICE) Guidance, Technology Appraisal's and Quality Standards |
| The Trust monitors the implementation of and compliance with this policy in the following ways: |
| Trust Wide Dashboard for NICE |

| Services | Applicable | Comments |
|-------------|------------|----------|
| Trustwide | ✓ | |
| Essex MH&LD | | |
| CHS | | |

**The Director responsible for monitoring and reviewing this policy is
Executive Nurse**

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CLINICAL HEALTHCARE EXCELLENCE (NICE) PUBLICATIONS**

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HEALTHCARE EXCELLENCE (NICE) PUBLICATIONS**

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| 1.0 INTRODUCTION |
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1.1 The National Institute for Clinical Excellence (NICE) was set up as a Special Health Authority for England and Wales on 1st April 1999. Their principal role is to provide guidance, set quality standards and manage a national database to improve people's health and prevent and treat ill health.

1.2 Implementing NICE Guidance, Technology Appraisals and Quality Standards help to ensure consistent improvements in people's health and equal access to healthcare. Putting NICE Guidance and Technology Appraisals into practice benefits the whole health economy and, most importantly, ensures that patients experience evidence-based practice and treatments.

NICE Recommendations are based on:

- the trade-off between the benefits and harms of an intervention
- The quality of the underpinning evidence.

Some recommendations are made with more certainty than others. NICE word the recommendations to reflect this. For example using 'offer' to reflect a strong recommendation, usually where there is clear evidence of benefit. 'Consider' is used to reflect a recommendation for which the evidence of benefit is less certain.

1.3 The Trust:

a) May decide, on rare occasion, not to implement a specific clinical guidance recommendation. Reasons for non-implementation include:

- the financial and/or resource constraints associated with implementation;
- the Trust has a local model of care considered best for local conditions;
- The Trust is researching alternative approaches.

b) The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals.

This is reflected in the NHS Constitution, which states that patients have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if their doctor believes they are clinically appropriate. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 3 months (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the doctor responsible for their care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations.

2.0 DUTIES

2.1 **The Chief Executive** is responsible for ensuring:

- the principles of this policy, the related procedural guideline and other associated policies are implemented across the organisation;
- Ensure the necessary financial resources;
- Effective NICE business planning and liaison with commissioners.

2.2 **The Executive Director of Quality and Governance** will:

- provide leadership on implementation;
- Advise the Trust Board and Operational Executive of issues and progress with implementation.

2.3 **Trust Directors** are responsible for:

- Ensuring relevant NICE Publications are implemented within their locality.
- that the Local Quality Governance Groups review, record and report compliance, decisions and remedial actions activity in the Local NICE Dashboard and the Minutes, which should regularly be forwarded to nominated person(s) in the Clinical Governance and Quality Team to allow updating of the Trust NICE Performance Dashboard

2.4 **The Chair / Clinical Governance & Quality Sub-Committee** is responsible for:

- Monitoring the implementation of NICE Publications;

2.5 **The Clinical Effectiveness Manager** is responsible for:

- Ensuring monthly dissemination of guidance to all clinical teams
- Supporting teams to complete baseline assessments
- Supporting Clinical audit against NICE guidance
- Maintaining the Trust wide Dashboard
- Providing reports to senior management teams and commissioners with progress of implementation against the guidance.

2.6 **Operational Managers** are responsible for:

- leading on implementation of appropriate NICE Publications within their service area; ensuring baseline assessments for their service area are completed;
- ensuring that the NICE Local Dashboard and Minutes record the decisions on whether or not to implement, providing a full rationale for recommendations not implemented
- documenting all decisions in respect of relevance and compliance with NICE Publications;

- ensuring action plans to meet any recommendations identified as requiring action from the baseline assessments are completed;
- Identifying NICE topics for consideration as part of the annual clinical audit plan.

2.7 **The Chief Pharmacist** will:

- Review guidance and action any medicines-related recommendations in NICE documents within the formulary
- ensuring progress against the non-medicines management aspects of the NICE Technology Appraisals;
- Review and share NICE guidance at Medicines Management groups for Mental Health Services and community Health Services

2.8 **Clinical Governance and Quality Directorate** is responsible for:

- leading and coordinating the smooth running of the dissemination and monitoring system for NICE Publications and engaging local governance work groups/structures to plan and monitor local implementation;
- Maintaining a live Trust Performance Dashboard, which is informed by the Local Quality and Governance Groups Dashboard and the Minutes of the Local Quality and Governance Group?
- Ensuring that the Clinical Governance and Quality Committee receive regular updates from the Clinical Effectiveness Manager; escalating any local decision not to implement, NICE Publications for their consideration.

2.9 **All Individual Staff Members** will:

- Appraise themselves of, and implement, NICE Publications relevant to the services they provide.
- Reference NICE guidance when reviewing and writing policies and guidelines.
- Reference NICE in Local Audit

3.0 PRINCIPLES

The policy covers the principal types of NICE publication, generically known as NICE guidance:

3.1 **Technology Appraisals (TAs)**

Technology Appraisals make recommendations on the use of new and existing health technologies within the NHS. Each TA focuses on a particular technology, which may be a drug, medical device, diagnostic technique, surgical procedure, or other intervention. Approximately one third of TAs refers to technologies other than drugs. All pharmacological TA's are required to be implemented within three months of being issued.

3.2 Clinical Guidelines (CGs NG's)

NICE recommends that CG's are implemented over a three year period. The first year to complete a gap analysis and identify areas where the service or practice does not meet the standards or offer the service required. Year two is to develop an implementation plan and identify training needs and resources with year three dedicated to implementation and re-auditing. Early Clinical Guidance has a CG prefix. Later guidance has NG.

3.3 Interventional Procedure Guidance (IPGs)

Interventional Procedure Guidance (IPGs), are a series of documents initiated in July 2003 to assess whether or not interventional procedures are safe enough and work well enough for routine use in the NHS. Guidance aims to protect the safety of service users whilst supporting clinicians and healthcare organisations in the process of introducing and auditing new procedures. The programme also scrutinises more established procedures if there is uncertainty about safety or efficacy. The aim of this policy is to ensure suitable mechanisms are in place for implementing existing guidance as well as future guidance.

3.4 Public Health Guidance

Public health programme guidance deals with broader action for the promotion of good health and the prevention of ill health. This guidance may focus on a topic, such as smoking, or on a particular population, such as young people, or on a particular setting, for example, the workplace.

3.5 Quality Standards

NICE quality standards are a set of specific, concise statements that act as markers of high quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

4.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- a) The Executive Director of Clinical Governance & Quality is responsible for the regular monitoring and review of this Policy and the related Procedure.
- b) This Policy and related the Procedure will be reviewed every three years taking into account emerging NICE Publications, local audit recommendations and lessons learnt from reports, enquiries and positive practice initiatives.
- c) Monitoring is via the NICE performance Dashboard

5.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

NICE implementation programme: <https://www.nice.org.uk/guidance>

Essential standards of quality and safety, CQC:

http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf

Hard Truths: The journey to putting patients first

<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>

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