

Procedure for Implementation of (National Institute for Clinical Healthcare Excellence (NICE) Publications

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PROCEDURE SUMMARY

This Procedure outlines the trust Response and processes for the review and reporting of NICE guidance. It outlines responsibilities of service teams and support mechanisms in place to ensure robust reviewing of guidance relevant to the services provided by the organisation.

The Trust monitors the implementation of and compliance with this procedure in the following ways:

Trust NICE performance Dashboard- updated monthly

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

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

**Procedure for Implementation of (National Institute for Clinical
Healthcare Excellence (NICE) Publications**

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

1.0 INTRODUCTION

Implementing NICE Publications helps 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. This Guideline provides guidance on how NICE is both implemented, and recorded for reporting by all teams in EPUT.

2.0 DEFINITION OF TERMS

2.1 NICE: National Institute for Clinical Healthcare Excellence provides national guidance and advice to improve health and social care.

2.1.1 NICE Guidelines: Make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health and managing medicines in different settings, to providing social care to adults and children, and planning broader services and interventions to improve the health of communities. They aim to promote integrated care where appropriate, for example, by covering transitions between children's and adult services and between health and social care.

2.1.2 NICE Technology Appraisals: Assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products, but also include procedures, devices and diagnostic agents. This is to ensure that all NHS patients have equitable access to the most clinically - and cost-effective treatments that are viable.

Regulations require clinical commissioning groups, NHS England and local authorities to comply with recommendations in a technology appraisal within 3 months of its date of publication.

Technology appraisals take one of two forms:

- A single technology appraisal (STA) which covers a single technology for a single indication.
- A multiple technology appraisal (MTA) which normally covers more than one technology, or one technology for more than one indication.

2.1.3 Medical Technology Guidance: Designed to help the NHS adopt efficient and cost effective medical devices and diagnostics. It includes devices that deliver treatment, such as those implanted during surgical procedures, technologies that give greater independence to patients, and those used to detect or monitor medical conditions

2.1.4 **Interventional Procedures Guidance:** Recommends whether interventional procedures, such as laser treatments for eye problems or deep brain stimulation for chronic pain are effective and safe enough for use in the NHS.

2.1.5 **Diagnostics Guidance:** Designed to help the NHS adopt efficient and cost effective medical diagnostic technologies. It concentrates on pathology tests, imaging, endoscopy and physiological measures.

2.1.6 **Public Health Guidance:** Provides guidance on the promotion of good health. It represents best practice and must, where relevant, contribute to the template for service development and long term business planning in NHS organisations

2.1.7 **Quality Standards:** Are concise sets of statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care. They are derived from the best available evidence, particularly NICE's own guidance and, where this does not exist, from other evidence sources accredited by NICE. Quality Standards can be used by providers as aspirational ambitions against which they can compare local standards, using the knowledge triangulated from the degree of compliance with evidence-based standards and guidance and feedback received from patients, carers and staff.

2.1.8 **Trust – wide Dashboard:** A mechanism for capturing the trusts position against all Nice Publications, which is informed by Local Service Dashboards.

2.1.9 **Local Service Dashboards:** The mechanism for local services to record their relevance to service and progress positions against all NICE publications.

2.2 **Quality Outcomes Framework (QOF).** NICE undertakes the development of an annual menu of potential indicators for inclusion in the clinical component of the QOF, the quality element of the contract the NHS has with General Practitioners. They also recommend whether existing indicators should continue or be retired

2.2.1 **Clinical Commissioning Group Outcomes Indicator Set (CCGOIS).** Working with the NHS Commissioning Board, as well as with professional and patient groups, NICE have developed a framework for measuring health outcomes and the quality of care (including patient reported outcomes and patient experience) achieved by clinical commissioning groups (CCGs)

3.0 IDENTIFYING GUIDANCE FOR IMPLEMENTATION

3.1 **The Clinical Governance and Quality Directorate will:**

- Monitor the NICE website Monthly to identify all new NICE publications
- Complete an initial screening of the guidance for relevance to the Trust and where possible identify only those areas which will require to complete an in depth review.

- ensure that the Local Quality and Governance Group Leads **receive** all relevant NICE publications for initial screening of relevance to the services provided by EPUT.
- maintain a Trust-wide NICE Dashboard which contains a list of all NICE publications with the recorded decision of local groups as to relevance and degree of compliance, where relevant, which will be used as the basis of the reporting requirements to the Clinical Governance & Quality Sub-Committee, Operational Executive Team, Commissioners and others.
- Facilitate the Clinical Effectiveness Groups (CEG) to monitor reviewing of NICE guidance across the Trust. Update dashboards on the outcomes of CEG
- Provide reports to Senior management Teams, Clinical Governance and Quality Sub-Committee and Clinical Commissioning Groups as required.

3.2 **Local Quality and Governance Groups and other service groups responsible for implementing NICE:**

- May nominate members to register with NICE to participate in the NICE guideline development process. The following link should be used for registration:http://www.nice.org.uk/ourguidance/niceguidancebytype/clinicalguidelines/shregistration/shreg_form.jsp
- Will include NICE considerations and decisions within their minutes and discuss relevance and compliance as a standing agendum.
- Ensure representation of their MDT at the CEG
- Will be responsible for the completion and maintenance of *baseline assessments, which may be requested, for example by external inspectors or internal audit teams, as evidence of their review and compliance.

4.0 BASELINE ASSESSMENT AND ACTION PLANNING

4.1 **Local Quality and Governance Groups/ CEG will:**

- Review in detail all new NICE publications. A record must be entered into the Local Service Dashboard of any guidelines/standards determined locally not to be relevant.
- Ensure that a baseline assessment* for their service area is completed for all relevant clinical guidelines and nominate leads for each activity. The baseline assessment will either record compliance or it will formulate actions where gaps are identified.

- Maintain Local Service Dashboards and return to the Clinical Governance and Quality Directorate within the time requested for inclusion in reporting to senior management teams and the CG&QC.
- With regard to medicines-related recommendations in NICE documents the Medicines Management Groups will act as Local Quality and Governance Groups.

4.2 **Nominated leads will:**

- a) use standardised NICE *baseline assessment templates available on the NICE website,
- b) Ensure that the baseline lead assessor is recorded.
- c) Versions are appropriately dated.
- d) Every recommendation has an assessment.
- e) All assessments indicating part or non-compliance with recommendations are developed into an action plan.
- f) Actions are written in SMART terms.
- g) actions are individually risk rated
- h) Records are maintained and reported on within the local Group's Minutes and/or Action Logs.

4.3 Baseline assessments will be held locally but must be available for review by internal and external inspection/ audit teams. Minutes of meetings and the Local Service Dashboards will clearly document the outcome of local reviews and assessments The Clinical Effectiveness Manager will update the status, on the NICE Trust Wide Dashboard.

**NICE does not always publish baseline assessments to support clinical guidance; therefore Local Quality Groups should put mechanisms in place to complete a baseline assessment.*

Colour	Status Category	Definition	Time Frames/ Recommendations
White		New Guidance issued in the last month	1 month
Orange	Under Review	Guidance has been allocated for review to a named individual	1-6months
Rust Orange	Under Review >6months	Guidance which has not been reviewed greater than 6 months after issue.	6 months + Escalated to SMT
Yellow	Partial Implementation	Partial implementation of guidance between 50-90% within the remit of EPUT services Individual Teams will hold local baseline assessment tool to demonstrate gaps and any associated actions plans.	Action plans to be monitored at locality Quality Groups. Aim for full Implementation of any recommendations which EPUT would be responsible to provide
Green	Implemented	Fully Implemented guidance within remit of EPUT services. 90%+	Any changes to services will need to be re-reviewed
Purple	Commissioning Gaps	Commissioning not in line with NICE guidance - therefore affecting service implementation.	To be highlighted to Senior Management Teams for discussion/ actions.
Red	Not Implemented	Less than 50% of guidance has been implemented - Locality groups will hold action plans and Baseline assessments will reflect progress toward full implementation.	Action plans to be in place 1 month of NI status being recorded. Action plans to be monitored at Locality Quality Groups Escalated to SMT in monthly report Escalated to CG&QG
Grey	Not Relevant	Guidance is not relevant to service	

- 4.4 Local Quality and Governance Groups/ CEG will report to their senior management teams and CG&QC any recommendations which cannot be implemented due to funding issues or other constraints and provide in the comments column a clear rationale for non-implementation. Reference should be made to the relevant NICE costing tools where appropriate.
- 4.5 Local Quality and Governance Groups / CEG will monitor action plan progress and ensure actions are signed off as closed. Locally documented assurance is required for actions to be closed and updates on status must then be recorded in the comments column in the Local Service Dashboard. The inability to implement guidance reasonable timescales should be considered for local risk register inclusion.
- 4.6 Baseline leads will consider local audit priorities as a part of the baseline assessment process. Actions will be developed in the action plan for any recommendations requiring local audit.
- 4.7 Actions will:
- Be related to individual recommendations.
 - Have measurable outcomes.
 - Be given individual risk ratings: low, medium, high, using the Trust's risk matrix in appendix 5.
 - Have a named lead responsible for implementation.
 - Have a due date by which implementation is expected.
- 4.8 Local Quality and Governance Groups / CEG will ensure:
- All actions are risk rated using the risk matrix (see appendix 5). Any actions assessed to be high risk will be placed on the relevant local risk register, kept under close review by the Group and reported to the senior management teams who will further consider if the issue should be included in the trust's risk register.
 - Decisions and the rationale for not implementing specific recommendations will be recorded within local group Minutes and in the local directorate risk register. and reported to Clinical Governance & Quality Sub-Committee via the clinical effectiveness manager for its authorisation of the decisions made.

5.0 IMPLEMENTING TECHNOLOGY APPRAISALS

- 5.1 Local Quality and Governance Groups/ CEG will hold the responsibility for implementing any Technology Appraisals, which are not medicines related.
- 5.2 The Medicines Management Groups will lead on implementation of Technology Appraisals which relate to the use of medicines.

- 5.3 The Chair of those groups, or with regard to medicines-related Technology Appraisals, the Chief Pharmacist, will ensure that the Trust is aware of the legal obligation to implement Technology Appraisals within 3 months of publication. This may involve the identification of additional resources in order to do so.

6.0 REPORTING

- 6.1 NICE performance outcome reports will be provided by The Clinical Governance and Quality Team and will be reported quarterly to the Clinical Governance & Quality Sub-Committee.
- 6.2 The Clinical Governance & Quality Committee will be informed via the Local operational Quality and Governance Groups and where it is judged locally that NICE guidance cannot be implemented because of resource issues or funding constraints. The Clinical Governance & Quality Sub-Committee, in consultation with service leads, will consider if there should be a redeployment of resources. Any resource or financial risks will be escalated to the Executive Management Team for further consideration and any action to remedy the situation.
- 6.3 Exception reports will be provided by The Clinical Governance and Quality Directorate for contract monitoring meetings with Commissioners to highlight recommendations EPUT is not able to implement.
- 6.4 The EPUT representative at contract monitoring meetings will inform the relevant local quality and governance groups/ CEG' Chairs of the outcome of reported issues, allowing the action to be developed or closed.
- 6.5 All reporting is via the trust wide NICE dashboard. Service groups Reporting:
- West Essex Adult CHS
 - South Essex Adult CHS
 - Bedfordshire CHS
 - Specialist Services MH
 - Essex MH

7.0 INTERVENTIONAL PROCEDURES

- 7.1 NICE Interventional procedures are guidance concerning diagnosis or treatment interventions that involve incision, puncture, and entry into a body cavity or the use of ionising, electromagnetic or acoustic energy.
<http://guidance.nice.org.uk/IP>

7.2 Interventional Procedure Guidance protects patients' safety and supports people in the NHS in the process of introducing new procedures. Guidance covers;

- the safety of the procedure
- whether it works well enough for routine use
- whether special arrangements are needed for patient consent

7.3 Any EPUT staff planning to undertake a procedure which fits with the Interventional Procedures definition must consult the local quality/governance group prior to undertaking the procedure. The local quality/governance group will decide if NICE needs to be notified about the procedure and will also report this centrally, via the Local Service Dashboard.

8.0 NICE QUALITY STANDARDS

8.1 Local Quality and Governance Groups /CEG will review quality standards using the template provided by NICE, which is available from the Clinical Governance and Quality Directorate.

9.0 CLINICAL AUDIT AND NICE

9.1 Local Quality and Governance Groups / CEG should identify NICE-related audit topics for inclusion in the clinical audit programme. Proposals will be considered as part of the Trust-wide prioritisation process in respect of resource allocation and approval of the annual Clinical Audit programme.

9.2 Approved audits will be developed with clear reference to the relevant NICE guidance; i.e. using individual recommendation/standard NICE reference numbers or using audit tools provided by NICE.

9.3 Local audit proposals will, where appropriate, be guided to use NICE audit tools.

10.0 POLICY REVIEW AND MONITORING

10.1 Bi Monthly reporting of NICE progress across the trust to Clinical Governance and Quality Sub-Committee.

10.2 Reporting Quarterly to the SMT

10.3 This policy and related procedure will be reviewed every three years taking into account emerging NICE guidance, local audit recommendations and lessons learnt from reports, enquiries and positive practice initiatives.

11.0 REFERENCES

NICE implementation programme:

http://www.nice.org.uk/usingguidance/niceimplementationprogramme/nice_implementation_programme.jsp

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>

END

SAMPLE ONLY