

NICE Guidance Implementation Policy			
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1. Introduction

National Institute of Health and Care Excellence (NICE) <https://www.nice.org.uk/> recommendations are based on independent reviews of evidence for clinical and cost effectiveness of interventions. Once NICE guidance is published health professionals, commissioners and organisations are expected to take the guidance fully into account when deciding what services, treatments or advice to offer to service users and carers.

NICE have issued a guide [Intro practice guide: Using NICE guidance and quality standards to improve practice](#). The procedure for implementing guidance is based on this document.

The [NHS Litigation Authority Risk Management Standards 2013-14](#) (standard 2.8 Best Practice – NICE) includes obligations on organisations to:

- Identify which NICE guidelines are relevant to its services.
- Conduct a gap analysis to identify shortfalls.
- Create action plans to address shortfalls, including recording decisions about not implementing guidelines.
- Show how they monitor compliance with the above.

See appendix one for a flowchart describing the process for implementing new guidelines.

2. Purpose or aim

The purpose of this policy is to set out the systems and processes for implementing NICE guidelines and for monitoring compliance with them. This includes a description of the duties of individuals and groups; the process for identifying and disseminating relevant documents; conducting gap analyses; developing and monitoring plans to address gaps; and a process to document any decision not to implement NICE recommendations.

3. Scope

This policy is intended for all Trust staff involved with the implementation of NICE guidance. It should be read in conjunction with the [Clinical Audit Policy P073](#) and the [Effectiveness and NICE Guidance pages](#) of OurSpace. The policy covers all guidelines and quality standards issued by NICE.

4. Definitions

The following definitions are copied from NICE with additional statements about AWP.

4.1 Clinical Guidelines

Clinical guidelines recommend how healthcare professionals should care for people with specific conditions. They can cover any aspect of a condition and may include recommendations about providing information and advice, prevention, diagnosis, treatment and longer-term management.

There are a large number of CGs that relate to AWP services, particularly those referred to in Care Clusters.

4.2 Public Health Guidelines

Public Health guidelines make recommendations on activities, policies and strategies that can help prevent disease or improve health. The guidance may focus on a particular topic (such as smoking), a particular population (such as schoolchildren) or a particular setting (such as the workplace).

A small number of these relate to AWP services.

4.3 Social Care Guidelines

NICE Social Care guidelines aim to improve outcomes for people who use social care support by ensuring that social care services and interventions are effective and cost-efficient. They do this by making recommendations about best practice, drawn from current evidence-based research.

Social Care guidelines are a relatively recent addition to NICE and do relate to some AWP services.

4.4 Medicines Practice Guidelines

NICE Medicines Practice guidelines provide recommendations for good practice for those individuals and organisations involved in governing, commissioning, prescribing and decision-making about medicines. They have a wide range of audiences across both health and social care.

These are older overarching guidelines that underpin some medicines optimisation.

4.5 Safe Staffing Guidelines

Following the Report of the Francis Inquiry and the Berwick Review into Patient Safety, NICE produced 2 guidelines on safe staffing capacity and capability in the NHS. From June 2015 [NHS England will take forward staffing work](#) as part of a wider programme of service improvement.

NICE have not produced Safe Staffing Guidelines for mental health.

4.6 Quality Standards

NICE Quality Standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. Quality Standards cover a broad range of topics (healthcare, social care and public health) and are relevant to a variety of different audiences, which will vary across the topics.

A small number of Quality Standards apply to AWP services, and they are underpinned by existing NICE guidelines.

4.7 Technology Appraisals

These 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 ensures that all NHS patients have equitable access to the most clinically and cost-effective treatments that are available.

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 are recommendations on the use of new and existing medicines and treatments within the NHS. These can be:

- medicines
- medical devices, such as hearing aids or inhalers
- diagnostic techniques - tests used to identify diseases

- surgical procedures, such as repairing hernias
- health promotion activities such as ways of helping people with diabetes manage their condition.

A large number of these relate to AWP medicines and they are overseen by the Medicines Optimisation Group.

4.8 Interventional Procedures

These recommend 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. An interventional procedure is a procedure used for diagnosis or for treatment that involves:

- making a cut or a hole to gain access to the inside of a patient's body - for example, when carrying out an operation or inserting a tube into a blood vessel, or
- gaining access to a body cavity (such as the digestive system, lungs, womb or bladder) without cutting into the body - for example, examining or carrying out treatment on the inside of the stomach using an instrument inserted via the mouth, or
- using electromagnetic radiation (which includes X-rays, lasers, gamma-rays and ultraviolet light) - for example, using a laser to treat eye problems.

Very few are likely to apply to AWP.

4.9 Medical Technologies Guidance

These address specific technologies notified to NICE by manufacturers. The 'case for adoption' recommendations are based on the claimed advantages of introducing the specific technology compared with current management of the condition.

These are unlikely to apply to AWP.

4.10 Diagnostic Guidance

These focus on the evaluation of innovative medical diagnostic technologies in order to ensure that the NHS is able to adopt clinically and cost-effective technologies rapidly and consistently.

Very few are likely to apply to AWP.

4.11 Highly Specialised Technologies Guidance

These contain recommendations on the use of highly specialised technologies.

Very few are likely to apply to AWP.

4.12 NICE Pathways

These are online tools that provide quick and easy access, topic by topic, to the range of guidance from NICE, including quality standards, technology appraisals, clinical, public health and social care guidelines and NICE implementation tools.

Pathways are descriptive and link guidelines together.

5. Policy description

5.1 New Guidelines

New NICE guidelines, and updates to existing guidelines, are issued each month by NICE, through a monthly bulletin. Relevant governance groups should review these to determine which apply to the services they provide, then conduct a gap analysis to determine areas which do not comply. Where there is non-compliance with a new guideline then the relevant governance group is responsible for creating and monitoring an action plan. Where there are cost implications for implementation then this should be discussed with business managers and commissioners.

5.2 Existing Guidelines

Service managers are responsible for knowing which are the key NICE guidelines they are expected to follow and be assured that these standards are being met. The most relevant guidelines will be referred to in Care Clusters, and included in Policies and Procedures.

6. Roles and responsibilities

6.1 All Staff

All staff involved in service user care are responsible for ensuring they are up to date the standards that relate to the services they provide, as set out in AWP Policies and Procedures and that these are followed.

6.2 Authors of Policies and Procedures

When reviewing existing policies and procedures, or writing new ones, authors are responsible for ensuring that relevant NICE Guidelines are included and that these documents describe a “NICE Compliant” service.

6.3 Trust-wide Integrated Governance Group (IGG)

The Trust-wide Integrated Governance Group (IGG) is responsible for setting, implementing quality standards taking into account existing and new NICE guidelines. This group consists of Locality Quality Directors of Quality (also known as Heads of Professions and Practice), Heads of Professions and Senior members of the Clinical Directorate. This group has overall responsibility for ensuring the quality of AWP services.

6.4 Local Delivery Unit (LDU) Senior Management Teams (SMTs)

LDU Heads of Quality (also known as Heads of Profession and Practice) are responsible for implementing and maintaining compliance with NICE guidelines, as they are accountable for the quality of services delivered in their LDUs. They should stay informed of new NICE guidelines, and monitor compliance with existing guidelines. They should make a decision about which apply to the services they provide. Where Service Level Agreements or contracts are for a “NICE compliant” and require audits, then these should be included in the priority Clinical Audit Work Plans.

Where there is a cost implication for becoming NICE compliant this should be negotiated with commissioners.

Where a Service Level Agreement does not describe a NICE compliant service this should be discussed with the commissioners to decide the level of service that is considered acceptable.

LDU SMTs should consider NICE when choosing topics for their annual clinical audit work plans. The Audit Team maintain a list of suggested topics and share this with the LDU SMTs to help them choose their priority topics each year.

Implementation and costing tools are available for many new guidelines, and these can be used to establish a baseline of compliance with the guideline to help inform the implementation of new guidelines. . This can be through clinical audit, implementation tools, performance monitoring or gap analysis. Where there are gaps then governance groups overseeing service delivery should ensure they have action plans for service improvement.

NICE and NHSLA (NHS Litigation Authority) instruct Trusts to conduct a gap analysis for new and existing guidelines. These can be formal or informal and should be recorded in governance group minutes. Where there are gaps in provision identified by implementation tools, gap analysis or audit then the LDU governance group is responsible for ensuring they have an action plan to meet these needs.

Where a NICE guideline affects all LDUs then the Directors Team Meeting have overall responsibility for ensuring implementation.

6.5 Medicines Optimisation Group (MOG)

The MOG should stay informed of new NICE Technology Appraisals and other NICE guidelines that relate to medicines or prescribing. Decisions about which of these apply to AWP should be included in the NICE bulletin produced by MOG, the AWP Pharmacy should be updated to include these medicines and decisions should be recorded in meeting minutes.

NICE and NHSLA instruct Trusts to conduct a gap analysis for new and existing guidelines. These can be formal or informal and should be recorded in meeting minutes. Where there are gaps in provision identified by implementation tools, gap analysis or audit then MOG is responsible for ensuring they have an action plan to for these.

6.6 Clinical Audit and Improvement Team (Audit Team)

The Audit Team should stay informed of changes to NICE by subscribing to the NICE bulletin. Each month the Audit Team should update the [list of NICE guidelines on OurSpace](#) that relate to AWP services.

This list is advisory rather than definitive and individual teams should be aware of which guidelines they should be following.

The Audit Team will share this list with LDU SMTs once a year to help them make decisions about which topics should be subject to clinical audit.

The Audit Team should record which clinical audits relate to NICE and a spreadsheet of audit activity against NICE. Again this is to help inform the decisions of operational services, who retain responsibility for operationalising NICE.

The Audit Team should produce an annual Clinical Audit Report for IGG, Directors Team Meeting and Quality and Standards Committee. This report should include information about audit activity in relation to NICE.

6.7 The Board, through Quality and Standards Committee and IGG

The Quality and Standards Committee and IGG have overall responsibility for ensuring that services are NICE compliant. They do this by ensuring Trust policies include NICE where appropriate, scrutinising annual reports and LDU activity (through the monthly LDU data packs).

6.8 Clinical Networks

Where a clinical network is established they will be up to date with NICE guidelines that relate to their specialist areas.

7. Training

There are no specific training requirements for this policy however NICE have education tools (including eLearning) and case scenarios for many guidelines. These can be found on the NICE pages for existing guidelines, but they will not be produced for new guidelines. Where there is sufficient demand NICE can provide training. Staff can contact NICE to become fellows or scholars for additional training. Fellows need to commit about 1 day per month and scholars one day a week, for a year.

8. Monitoring or audit

8.1 Clinical Audit

It is not possible to audit all guidelines due to the large number of teams and guidelines.

When clinical audits are being planned the standards being measured against should include NICE Guidelines where these apply.

When planning audits, staff should prioritise NICE standards that apply to their service.

Audit activity is described in the Annual Clinical Audit Report, which is shared with commissioners.

8.2 Governance Groups

LDU Quality and Standards Groups (or similar governance groups) and some Trust-wide Governance Groups (such as MOG) are responsible for the effective implementation of NICE guidelines, so their minutes should record decisions and action plans.

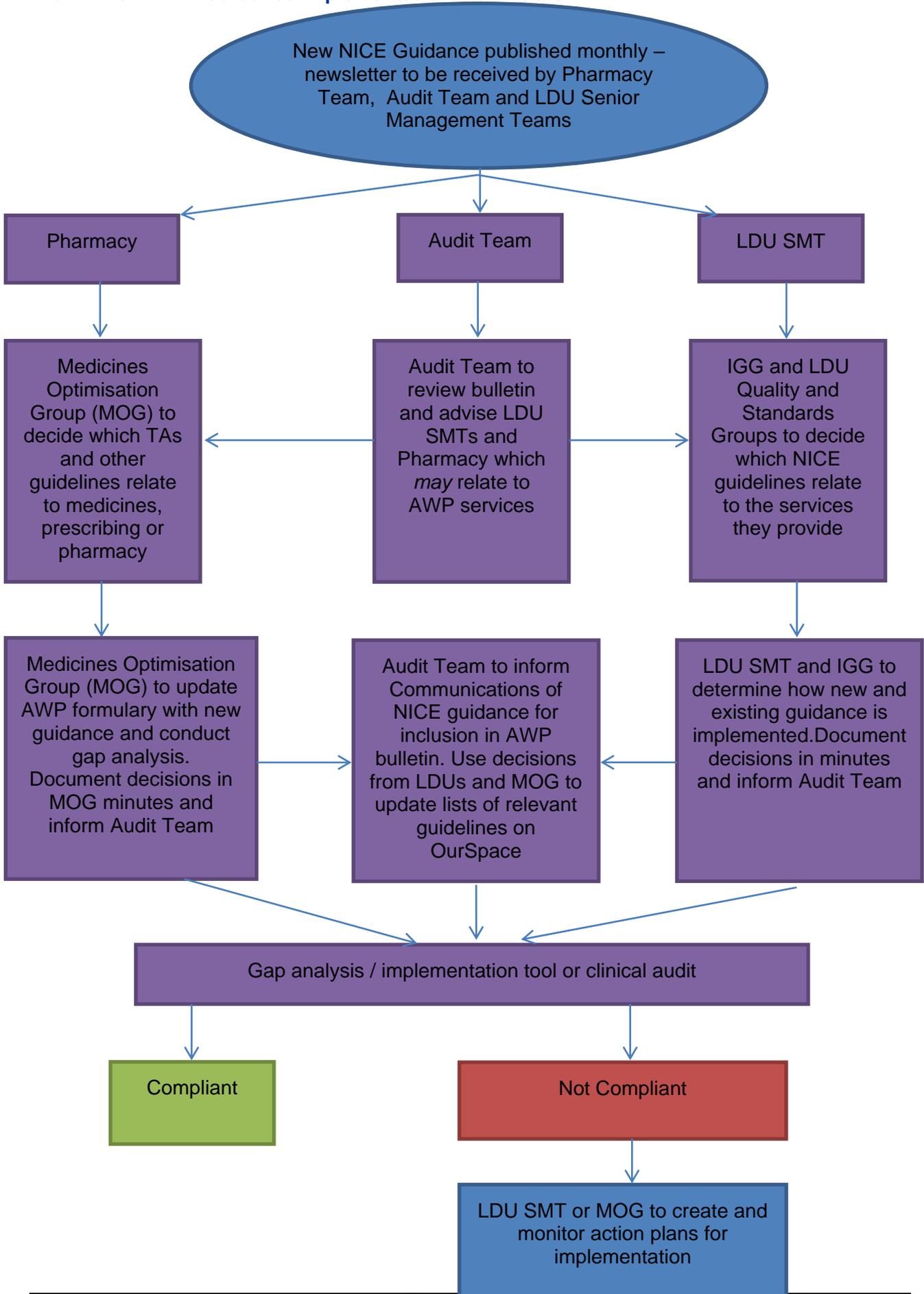
9. References

[NHS Litigation Authority Risk Management Standards 2013-14](#)

[*Into practice guide: Using NICE guidance and quality standards to improve practice.*](#)

10. Appendices

10.1 New NICE Guidance Implementation Flow Chart



Version History				
Version	Date	Revision description	Editor	Status
1.0	26 Nov 2008	Approved by Board		Approved
2.0	18 Jan 2011	Approved by Quality & Healthcare Governance Committee	Head of Quality & Effectiveness	Approved
2.1	31 January 2013	Administrative changes	Head of Quality & Effectiveness	Approved
2.2	October 2015	Full review undertaken	SJ	Draft
2.3	October 2015	Meeting with NICE Implementation Consultant. Changes advised by NICE Implementation Consultant incorporated	SJ	Draft
2.4	October 2015	Reviewed by IGG	SJ	Draft
2.5	17 November 2015	Presented to Quality and Standards Committee for approval	SJ	Draft
3.0	17 November 2015	Approved by Quality and Standards Committee	HD	Approved
3.1	03 December 2018	Marked as under review	HB	
3.2	24 July 2019	Extended until 31 December 2019	Deputy Medical Director	Approved