

POLICY FOR THE MANAGEMENT, CO-ORDINATION AND IMPLEMENTATION OF NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE

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Staff/Groups Consulted and agreed	Chair - Clinical Outcomes Committee Chief Pharmacist - Drugs and Therapeutics Committee		
Date Approved by Approval group			
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Related procedural documents			

1. Introduction

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

NICE is a Non Departmental Public Body (NDPB) accountable to its sponsor department, the Department of Health but operationally independent of government. NICE guidance and other recommendations are made by independent committees. The NICE Board agrees strategic priorities and policies, but the day to day decision-making is the responsibility of the Senior Management Team.

NICE's role is to improve outcomes for people using the NHS and other public health and social care services by:

- 1.1 Producing evidence based guidance and advice for health, public health and social care practitioners. The guidance takes several forms:
 - 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. These aim to promote integrated care where appropriate, e.g. by covering transitions between children's and adult services and between health and social care
 - Technology Appraisals Guidance 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 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
 - 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
 - Medical Technologies Guidance and Diagnostics Guidance help to ensure that the NHS is able to adopt clinically and cost effective technologies rapidly and consistently
- 1.2 Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services

- Quality Standards are concise sets of evidence-based statements, with accompanying metrics, designed to drive and measure priority quality improvements within a particular area of care
 - Quality Outcomes Framework (QOF) development of indicators for inclusion in the clinical component of the QOF, the quality element of the contract the NHS has with General Practitioners. NICE also recommend whether existing indicators should continue or be retired
 - Clinical Commissioning Group Outcomes Indicator Set (CCGOIS) is a framework for measuring health outcomes and the quality of care (including patient reported outcomes and patient experience) achieved by clinical commissioning groups (CCGs)
- 1.3 Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care
- NICE Evidence is an online search engine that identifies relevant clinical, public health and social care guidance
 - British National Formulary (BNF) and British National Formulary for Children (BNFC). NICE is responsible for providing NHS access to these publications, including through the use of smartphone apps
 - Medicines and prescribing support

2. Purpose

The purpose of this policy is to ensure:

- There is a system for prompt and effective dissemination of all new/revised guidance to relevant areas of the organisation
- A register is maintained in Clinical Governance of all published guidance and the Trust's current level of compliance with the guidance
- Action plans are in place to address any partial or non-compliance with guidance
- Issues regarding non-compliance with guidance are added to the Trust Risk Register
- Compliance with guidance is regularly reported to the Drugs and Therapeutics Committee, Clinical Outcomes Committee, Trust Board and Clinical Commissioning Groups (CCG)

3. Applicability

The policy applies to all staff employed by the Trust, whether on a permanent or temporary basis. Failure to follow this policy by staff may result in action under either the Disciplinary or Capability policies.

4 NICE Guidance Review Process

- 4.1 Identifying new/revised guidance – details of new/revised guidance is published on the NICE website. For some guidance NICE also provide helpful tools and resources on the website (e.g. Baseline Assessment, Clinical Audit Tool, Costing Statement)
- 4.2 Disseminating new/revised guidance – a copy of the new/revised guidance is sent electronically by Clinical Governance to staff members (Clinical Leads or Business Managers) in relevant areas of the organisation. Also sent is a copy of any NICE tools and resources and the 'National Institute for Health and Care Excellence (NICE) Guidance Compliance Assessment Form' (Annex A) to be completed and returned to

Clinical Governance. On this NICE Guidance Compliance Assessment Form it is recorded whether the guidance is applicable to the Trust and if so what level of compliance is currently met

- 4.3 Ensuring recommendations are acted upon – if current practice is not fully compliant with guidance that is applicable to the Trust a gap analysis is conducted by those responsible for completing the NICE Guidance Compliance Assessment Form. Key priorities for implementation are then recorded and an action plan developed with timescales. A risk assessment should be undertaken by the responsible manager and any significant risk identified and added to the Trust Risk Register. Clear details should be provided if a decision is taken to remain non-compliant for clinical reasons. The decision to remain non-compliant will only be made with the involvement of the appropriate risk committee
- 4.4 Record of published NICE Guidance and reviews - a register is maintained in Clinical Governance of all published guidance and the Trust's current level of compliance with the guidance
- 4.5 Reporting NICE Guidance and compliance - details of compliance with guidance and any risk implications for the Trust is regularly reported to the Drugs and Therapeutics Committee, Clinical Outcomes Committee, Trust Board and Clinical Commissioning Groups (CCG)
- 4.6 Clinical audit is developed to provide evidence of compliance with guidance and is included in the Clinical Audit Plan
- 4.7 Patient information leaflets are developed if necessary to incorporate compliance with NICE recommendations where appropriate

5. Implementation, Monitoring and Evaluation

The policy will be implemented, monitored and evaluated in line with the requirements of the Trust's Policy on Procedural Documents. The Associate Director of Patient Safety and Quality is responsible for the implementation, monitoring and evaluation of the policy – Policy for the Management, Co-ordination and Implementation of NICE Guidance.

6. Specific Responsibilities

Chief Executive and Board of Directors

Accountability for ensuring that NICE guidance is implemented within the Trusts services

Divisional Directors and Business Unit Managers

Ensure that the policy and procedures are applied throughout the Trust

Ensure that the Board of Directors is regularly informed of any risk to the Trust associated with new or revised NICE guidance

Incorporate any associated costs into the business planning process

Recommend that most appropriate action when the Trust is not compliant with NICE guidance

Ensure that the legal requirements are met

Ensure that risk of non-compliance is added to the Trust risk register

Clinical Leads

Review new/revised NICE guidance using the Trust's 'National Institute for Health and Care Excellence (NICE) Guidance Compliance Assessment Form' (Annex A) and return completed form to Clinical Governance

Discuss relevant guidance with the clinical team at rolling governance

Lead on implementing changes to meet new NICE guidance

Work with the Clinical Governance Team, in particular the Trust's Risk Manager, when a comprehensive risk assessment is required

Undertake an audit of compliance once a practice change is introduced and ensure the results are reported back to the Clinical Governance Department for inclusion in the annual Clinical Audit report

Ensure that the relevant patient information leaflets are amended to include reference to the NICE guidance and the Trust's compliance

Associate Director of Patient Safety and Quality

Maintain register of all new/revised NICE guidance

Co-ordinate the distribution of NICE guidance to the appropriate clinicians

Liaise with the Chief Pharmacist for accurate costs associated with the introduction of new guidance

Provide regular reports to the Drugs and Therapeutics Committee, Clinical Outcomes Committee and Trust Board detailing levels of compliance with guidance, any risk implications for the Trust and action plans developed

Provide reports of NICE guidance compliance to external bodies as required

Identify risks associated with non-compliance

Review the Policy for the Management, Co-ordination and Implementation of NICE Guidance.

Ensure adequate and appropriate support is available for clinicians undertaking risk assessments and follow-up audits

Scanning the NICE website for forthcoming reviews and advising the Director of Finance accordingly

Drugs and Therapeutics Committee

Providing leadership with the implementation of NICE guidance related to medicines

Reviewing all reports of non-compliance with NICE guidance related to medicines and making recommendations to the Clinical Outcomes Committee regarding the most appropriate action

Considering the anticipated costs of forthcoming guidance and providing a report for the Clinical Outcomes Committee

Monitoring ongoing costs associated with high cost NICE recommendations

7. Sources of References and Acknowledgements

<http://www.nice.org.uk/>

National Institute for Health and Care Excellence (NICE) Guidance Compliance Assessment Form

This tool should be used when considering the impact on Yeovil District Hospital NHS Foundation Trust of any new NICE guidance (i.e. NICE Guidelines, Clinical Guidelines, Technology Appraisal, Interventional Procedure, Public Health, Medical Technology or Diagnostics). This will form the basis for discussions about the Trust's approach to the guidelines should a change in practice be required.

NICE Guidance Title:

NICE Guidance Reference Number:

NICE Guidance Publication Date:

Reviewed By:

Review Date:

Job Title:

Performed at Yeovil District Hospital: Yes No

If not performed at Yeovil District Hospital please state why:

If performed at Yeovil District Hospital please state level of compliance with current practice:

Not compliant Yes No

Partly compliant Yes No

Fully compliant Yes No

If current practice is compliant with the guidance:

Is a local clinical protocol in use? Yes ___ No ___

Has an audit been carried out? Yes ___ No ___

Date of audit:

If current practice is not fully compliant with the guidance – Key priorities for implementation:

No.	Key Priority	Applicable Services	Status (0-3)	Evidence

Status (0-3): 0 = Not relevant 1 = Current practice compliant 2 = Compliance is compatible with existing resources but a change of practice is needed to comply 3 = Current practice is not compliant and action is needed to implement the guidance

Action Plan:

No.	Action Required	Person Responsible	Target Date	Progress to Date	Date Completed

Once completed please return this form to Diane Wright, Clinical Governance Assistant, Clinical Governance, Level 1 YDH.