

MANAGING NICE RECOMMENDATIONS POLICY

REFERENCE NUMBER	DHS 21
APPROVING COMMITTEE(S) AND DATE	NHS Central Lancashire Governance Committee
AUTHOR(S) / FURTHER INFORMATION	Clinical Evidence Manager
LEAD DIRECTOR	Medical Director
THIS DOCUMENT REPLACES	DHS 21 Managing NICE Recommendations 2010- 2012
EQUALITY IMPACT ASSESSMENT AGREED BY POLICY GROUP:	
REVIEW DUE DATE	March 2013
RATIFICATION DATE/DRAFT No	March 2010
VALIDATION SIGNATURE	

NHS Central Lancashire is committed to ensuring that, as far as it is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their age, disability, gender, race, religion/belief or sexual orientation.

Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) they can do so by contacting the communications department or the relevant policy holder. NHS Central Lancashire will do its utmost to support and develop equitable access to all policies and procedures.

Managers are responsible for ensuring staff within their area of responsibility are aware of NHS Central Lancashire policies and that staff adhere to them.

Managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policy changes.

Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on the NHS Central Lancashire's website, and seek out every opportunity to keep up to date with them

Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their practice are aware of NHS Central Lancashire policies.

This policy is individual to NHS Central Lancashire. NHS Central Lancashire does not accept any liability to any third party that adopts or amends this policy.

© NHS Central Lancashire

CONTENTS

		PAGE
1	INTRODUCTION	4
1.1	Scope	4
1.2	Principles	5
2	MANAGING NICE RECOMMENDATIONS POLICY	5
2.1	Background	5
3	IMPLEMENTATION	6
3.1	Responsibility and Accountability	6
3.2	Nice Guidance	6
3.3	Commissioned Services	7
3.4	Independent Contractors	7
3.5	Process for Monitoring Compliance	8
3.6	Links to Strategies	8
4	REFERENCE DOCUMENTS	8
5	APPENDICES	9
Appendix 1	Procedure	9
Appendix 2	Provider Services NICE Validation Process	14
Appendix 3	Assessment Form	15
Appendix 4	Central Lancashire Health Economy Audit and Guidance Strategy Group	17

1. INTRODUCTION

National Institute for Health and Clinical Excellence (NICE) Guidance is developed through a robust process of inclusion, consultation, active engagement, and is based upon the best available clinical and cost effectiveness evidence.

NHS Central Lancashire as a commissioner of services is required to have a policy to ensure that effective processes are in place for the receipt, dissemination and implementation of NICE Guidance, and that progress and compliance can be monitored in a systematic way.

Implementation of NICE Guidance is an element of the Standards for Better Health core standards ¹. The regulator for health and social care, the Care Quality Commission, states that all NHS organisations should be fully compliant with the core and developmental standards, and will be routinely assessed to demonstrate that they are meeting the standards required.

The Implementation of NICE Guidance is a requirement not only to comply with core and developmental standards, but also for the NHS Litigation Authority risk management standards ².

1.1 Scope

NHS Central Lancashire is committed to ensuring that there is a systematic process in place for implementing, monitoring and evaluating NICE Guidance, National Service Frameworks (NSF's) and other national and local guidance based on evaluation of clinical and cost effectiveness.

This policy will provide a framework for NHS Central Lancashire of how NICE Guidance should be managed once it has been published in order to ensure all necessary steps have been taken to ensure current practice reflects the best possible evidence

Adherence to the policy will provide assurances that NHS Central Lancashire fulfils its responsibility as a commissioner of services to implement best practice as a matter of course, and that it is also working in partnership with other provider organisations to ensure compliance.

1.2 Principles

The principles underpinning this policy are that Central Lancashire PCT must meet the following requirements:

Legal (NICE, 2004)

Department of Health Standards (Commission for Healthcare Audit and Inspection, 2005)

Governance (DH, 2006)

Evidence Based Practice (Health Development Agency, 2000)

Best Practice (NICE, 2002)

Risk Management Standards NHSLA 2009

2 MANAGING NICE RECOMMENDATIONS POLICY

2.1 Background

NICE is the independent organisation responsible for providing clinically effective national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE Guidance aims to ensure that promotion of good health and patient care in the NHS are in line with the best available evidence of clinical effectiveness and cost effectiveness.

Currently NICE produces seven types of guidance:

- **Technology Appraisals** – which focus on the use of new and existing medicines and treatments. There is a statutory obligation for organisations to make funding available for treatments recommended in NICE's technology appraisal guidance, and allows three months from the date of publication to do this.
- **Clinical Guidelines** – which set out the appropriate treatment and care of people with specific diseases and conditions. NICE clinical guidelines aim to improve the quality of healthcare, and are not subject to a mandatory requirement regarding funding. As clinical guidelines generally cover broad areas of clinical care, implementation is likely to be more complex, potentially involving service changes, staff training and recruitment, and changes to clinical practice, and therefore, full implementation is likely to take place over a number of years, and may be across several NHS organisations.
- **Interventional Procedures** – which consider whether procedures that are used for diagnosis or treatment are safe, and work well for routine use.
- **Medical Technologies Guidance** - designed to help the NHS adopt efficient and cost effective medical devices and diagnostics more rapidly and consistently. The types of products which might be included are medical devices that deliver treatment such as those implanted during surgical procedures, technologies that give greater independence to patients, and diagnostic devices or tests used to detect or monitor medical conditions
- **Cancer Service Guidance** - supports the implementation of The NHS Cancer Plan for England, and the NHS Plan for Wales Improving Health in Wales. The focus of the cancer service guidance is to guide the commissioning of services and is therefore different from clinical practice guidelines. Health professionals should take the NICE cancer service guidance into account when planning, commissioning and organising services for cancer patients. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.
- **Diagnostic Technologies Guidance** - designed to help the NHS adopt efficient and cost effective medical diagnostic technologies more rapidly and consistently. The programme concentrates on pathological tests, imaging, endoscopy and physiological measurement, since these represent most of the investigations performed on patients. The types of

products which might be included are medical diagnostic technologies that give greater independence to patients, and diagnostic devices or tests used to detect or monitor medical conditions. Diagnostic technologies may be used for various purposes: diagnosis, clinical monitoring, screening, treatment triage, assessing stages of disease progression, and risk stratification.

- **Public Health Guidance** – there are two types of public health guidance: Public Health Intervention Guidance, which makes recommendations on types of activity that helps to reduce peoples risk of developing a disease or condition or helps promote, or maintain a healthy lifestyle and; & Public Health Programme Guidance, which deals with broader action for the promotion of good health and the prevention of ill health.

3 IMPLEMENTATION

3.1 Responsibility and Accountability

Top level commitment and leadership is required. The Chief Executive and the Board have ultimate responsibility for ensuring that the PCT has effective systems in place for implementing NICE guidelines.

The Director delegated with responsibility for NICE Guidance within NHS Central Lancashire is the Medical Director.

NHS Central Lancashire expects its entire clinical staff to take NICE Guidance into account in the treatment of patients. This expectation does not override the individual responsibility of health professionals to make decisions in consultation with the patient, appropriate to their particular circumstances.

3.2 NICE Guidance

3.2.1 Implementation of NICE Guidance

Implementing NICE guidance contributes to consistent planned improvements in the local population's health and equal access to healthcare. Putting NICE guidance into practice benefits everyone; patients, carers, the public, NHS organisations, healthcare professionals, public health practitioners, policy makers and local authorities.

The Clinical Evidence Officer within the Quality and Clinical Outcomes Directorate is responsible for co-ordinating the implementation of NICE Guidance. A process in place to support this (appendix 1)

NHS Central Lancashire Implementation leads will be responsible for completing an assessment form (appendix 3) which identifies; the current position, the development and monitoring of action plans, and assurance of compliance.

Members of the Central Lancashire NICE operational Group are responsible for monitoring the implementation of guidance across the healthcare economy. They will assess the relevance of all new NICE guidelines to the activities of the participating organisations, and promote the culture of implementation of NICE Guidance as an integral part of clinical practice and management in all trusts in the local health and social care community.

3.3 Commissioned Services

As part of the contractual process for provider services, NHS Central Lancashire needs to ensure that it has taken responsibility for the receipt, dissemination and implementation of relevant NICE Guidance. A pathway (appendix 2), is in place which enables the relevant service to consider:

- Is the guidance clinically indicated?
- Is there a clinical need?
- Is the guidance within the scope of the provider services?
- Has this service been commissioned?
- Is the service compliant/partially compliant

3.3.1 Service Development and Implementation

NICE guidance should be considered at every stage of the commissioning cycle. Making NICE Guidance an integral part of the commissioning process can help organisations to commission high quality services, and meet the requirements of World Class Commissioning. New treatments, interventions, and clinical guidelines indicated through NICE Guidance will be considered by both commissioners and providers of services and a joint decision reached as to an implementation action plan.

3.4 Independent Contractors

As the Healthcare Commission will look at whether PCT's have taken reasonable steps to ensure that the services provided by their independent contractors meet the relevant aspects of the Standards for Better Health, practices should be alerted to new guidance. This will be achieved through:

- Local engagement through the work of the medical, dental, optometry and community pharmacy committees
- Education sessions delivered through the Protected Education Time Sessions for Independent Contractors
- Dissemination of NICE guidance via the Primary Care Gateway and the completion of a short questionnaire, sent to GP practices to determine their intention to implement the guidance.
- Information around compliance with NICE guidance will also be gathered through clinical audit data, prescribing data, and the annual QOF overall achievements

3.5 Process for monitoring and compliance

A regular update will be provided by the Clinical Evidence Officer to the NHS Central Lancashire NICE Operational Group, regarding the current status of all guidelines.

Assurance will be requested from partner healthcare organisations that a strategy for the implementation of NICE guidance is in place. They will also be asked on a regular basis to identify the current status of the implementation of NICE Guidance within their services. This information will be reported on a regular basis into the Central Lancashire NICE Operational Group.

Failure to comply with NICE guidance may lead to a number of risks in respect to legal requirements, external assessment, and clinical risk. Consequently, inclusion onto the trusts risk register must be considered on a case by case basis. Any non-compliance which may constitute a risk for the organisation will be reported to the Quality and Safety Sub Committee Group to be considered for inclusion on the PCT Risk Register.

3.6 Links to Strategies

The policy for implementing NICE recommendations impacts on, and must link in with the Clinical Effectiveness Strategy, the Clinical Audit Strategy and the Clinical Governance Strategy.

3.7 Review

The Clinical Evidence Manager will review the Managing NICE Recommendations Policy annually and submit any recommendations for change to the responsible director. It is the responsibility of the director to identify the most appropriate ratifying Committee/Sub-committee to formally approve any changes to procedures/policies and authorise their implementation.

4 REFERENCE DOCUMENTS

1. Department of Health, Standards for Better Health. London 2004

[http://www.cqc.org.uk/db/documents/Criteria_for_assessing_core_standards_in_2009-10 - Primary Care Trusts as Providers.pdf](http://www.cqc.org.uk/db/documents/Criteria_for_assessing_core_standards_in_2009-10_-_Primary_Care_Trusts_as_Providers.pdf)

2. NHSLA NHS Litigation Authority

[NHSLA - Risk Management](#)

Appendix 1

1. PROCEDURE

1.1 Receipt and Dissemination of NICE Guidance

The PCT receives notification of guidance published each month via e-newsletters directly from NICE which contain direct links to the NICE Website. This is currently co-ordinated by the Clinical Evidence Officer who is responsible for maintaining the PCT NICE database.

As it is essential that healthcare professionals are informed about guidance in a prompt and effective way; onward dissemination will be achieved through:

- Incorporating information about NICE Guidance, and how to access it within the PCT Induction Sessions
- The e-newsletter 'Update for Primary Care'. This is currently forwarded to all General Practitioners by the National Institute for Health and Clinical Excellence
- Identifying the latest NICE Guidance in the Quarterly Prescribing Newsletter to GP Practices
- 'NICE Bites' News letter produced by the North West Medicines Information Service. This goes out to all healthcare professionals involved in prescribing, and summarises key prescribing points from NICE guidance
- Providing PCT staff with up to date information. A list of current guidelines, and consultation documents will be put onto the PCT Intranet
- Delivering education sessions through the Protected Education Time
- Informing key professionals about relevant guidance at appropriate stages of the guidance development process, and encouraging healthcare professionals to contribute to its development

1.2 Implementation of NICE Guidance

To ensure that guidance is taken forward and implemented, the PCT Quality and Clinical Outcomes Team will assign newly published NICE guidelines to appropriate directorate leads (implementation leads) on a monthly basis. A copy of the guidance, along with a letter identifying them as a key person, network, or specialist group, will be sent to the identified lead. This lead will then be responsible for providing information within six weeks, via an assessment form, submitted to the Clinical Evidence Officer who will update the PCT database appropriately. A reminder e-mail is sent out to the leads 2 weeks before the assessment form is due for return. If the assessment form has not been returned by its due date, a reminder e-mail, and a letter from the Medical Director, will be sent out to the implementation lead.

The database will record the following:

- Date of Publication
- Clinical Guideline Number

- Title of Guidance
- Designated Lead
- Date guidance sent to PCT lead
- Response date
- Implementation details
- Implementation progress to date
- Action Plan
- Barriers to Implementation
- Intention to audit
- Audit summary

Nominated implementation leads will be tasked with:

- Providing an assessment of compliance with the guidance
- Developing an implementation action plan to achieve compliance with the guidance with due attention to the timescale for implementation of technology appraisals
- Providing feedback on the progress of implementation
- Advise the Effectiveness and Efficiency Group of any barriers to implementation

1.3 The Central Lancashire NICE Operational Group

The Central Lancashire NICE Operational Group, which is hosted by NHS Central Lancashire, has been set up to encourage collaboration between all the healthcare organisations across our health economy. The group is responsible for assessing the relevance of NICE guidelines to the activities of the participating organisations, monitoring the implementation of this guidance across the healthcare economy, and promoting the culture of implementation of NICE Guidance as an integral part of clinical practice and management in all trusts in the local health and social care community.

The core membership of the group comprises of representatives from

- NHS Central Lancashire (Commissioning)
- Lancashire Care NHS Trust
- Lancashire County Council
- Lancashire Teaching Hospitals foundation Trust
- Southport and Ormskirk Hospitals NHS Trust

This group reports into the NHS Central Lancashire Effectiveness and Efficiency group, and to the committees overseeing audit and guidance in the participating organisations.

2. HORIZON SCANNING AND PLANNING

It is important to identify whether upcoming guidance is relevant to the PCT, or services commissioned by the PCT. The Clinical Evidence Officer will scan the NICE website regularly and track the progress of forthcoming guidance, which will then be listed on the PCT Intranet.

NHS Central Lancashire has a number of registered stakeholders with NICE. Healthcare professionals employed by the PCT are encouraged to contribute to the development of NICE guidance by providing feedback to NICE on Consultation Documents.

Documents which have been through the consultation period, and are in the final stages before publication, but have an anticipated publication date will be disseminated through the Central Lancashire NICE Operational Group and considered for service planning.

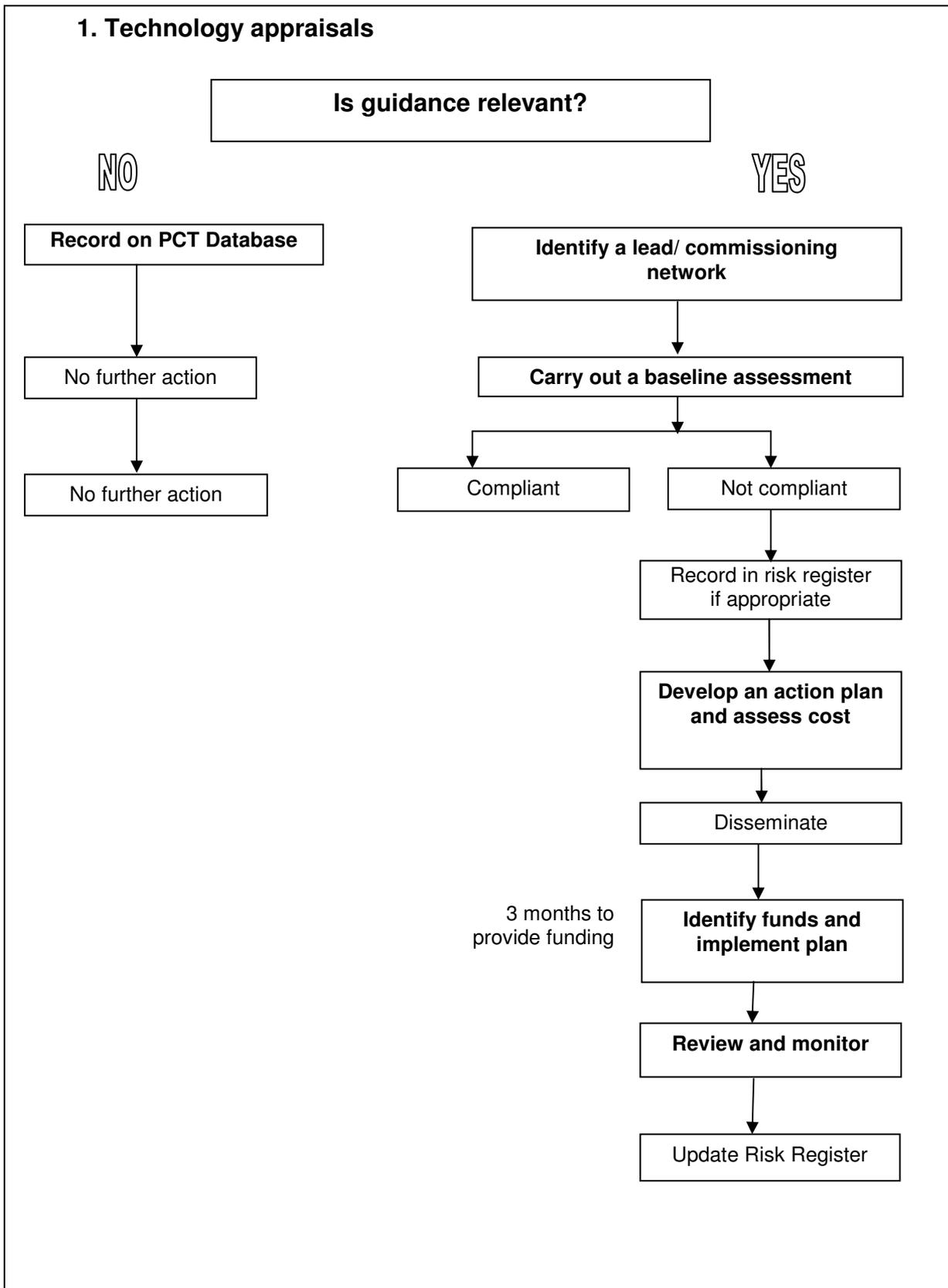
Final Appraisal Documents (FADs) will also be used as planning tools for Technological Appraisal Guidance (TAGs), nominated leads will be notified of publication dates.

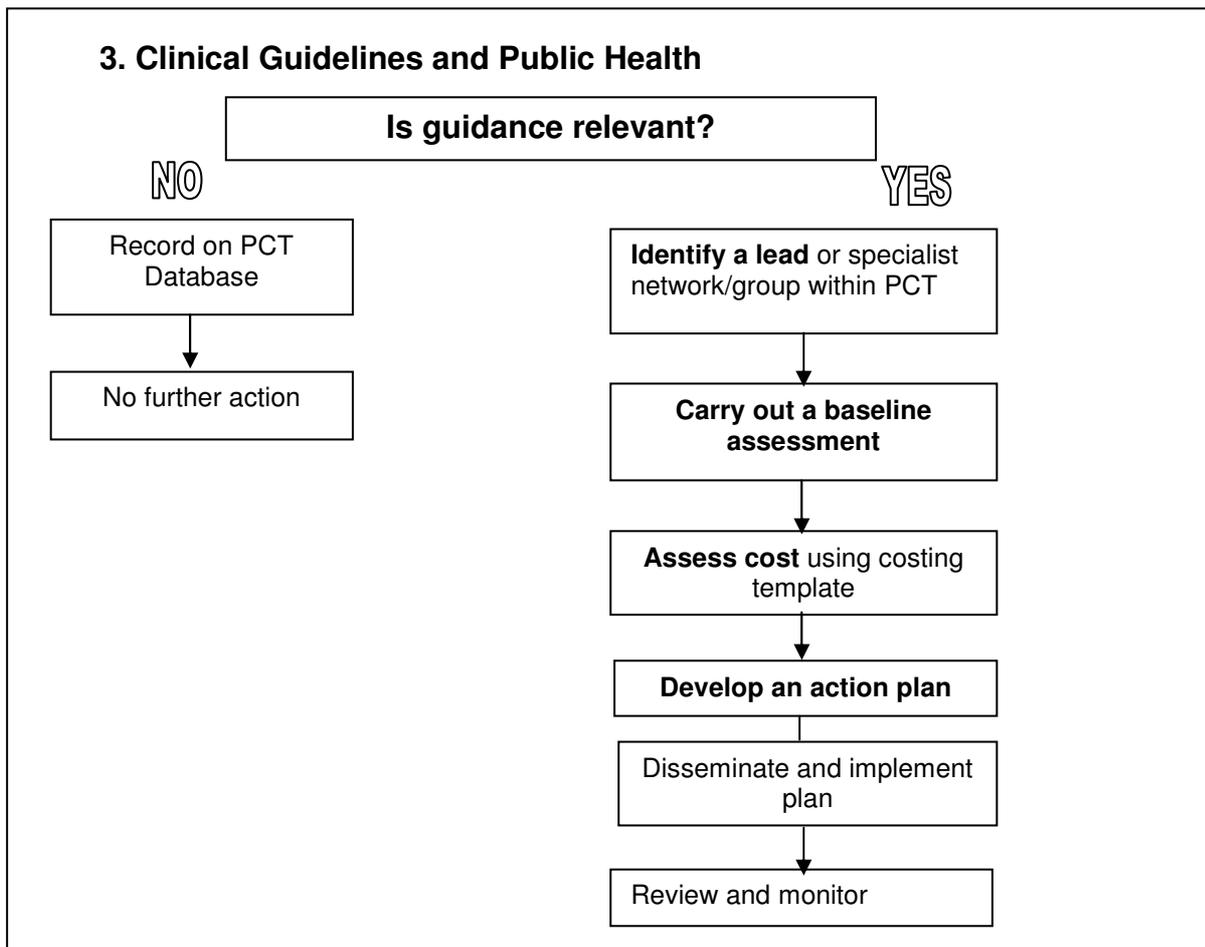
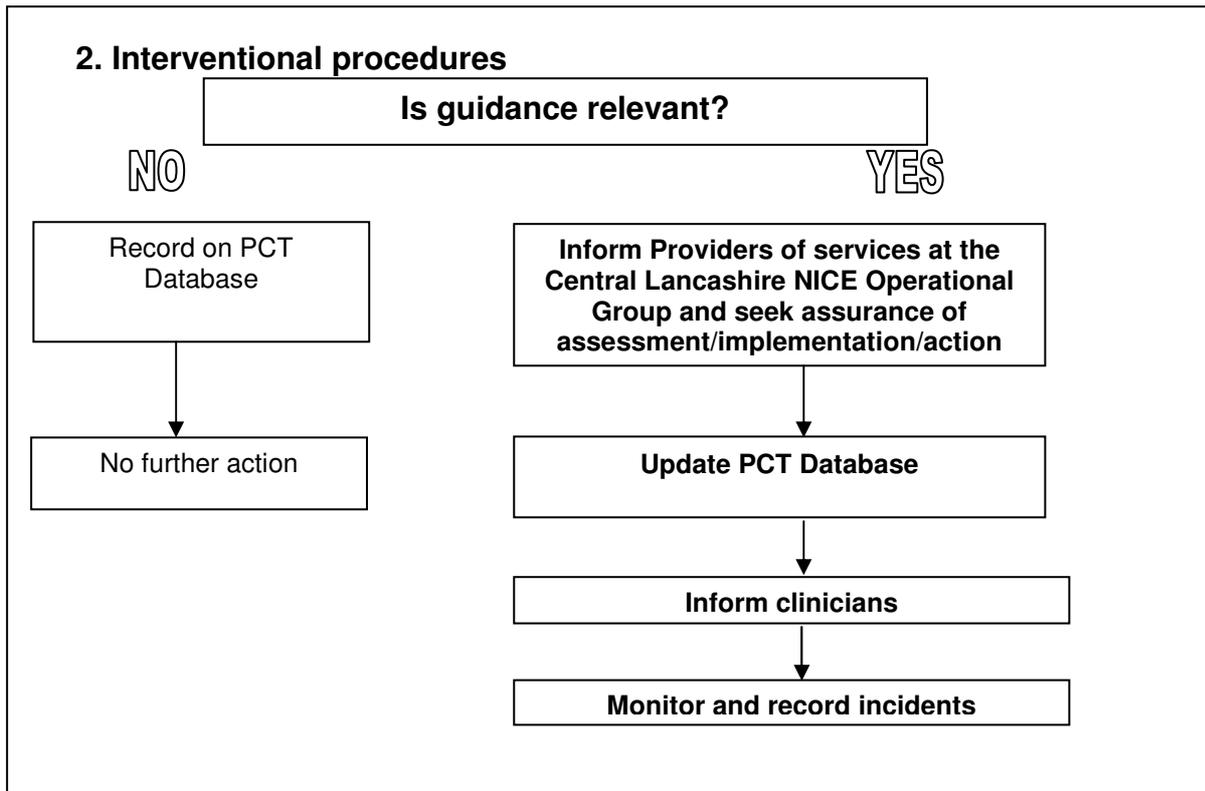
3. GROUPS INVOLVED IN IMPLEMENTATION

A number of committees exist to support and oversee operational performance to ensure compliance with NICE guidance. These are:

- The Clinical Quality and Patient Safety Sub Committee
- The Medicines Management Committee
- The Effectiveness and Efficiency Group

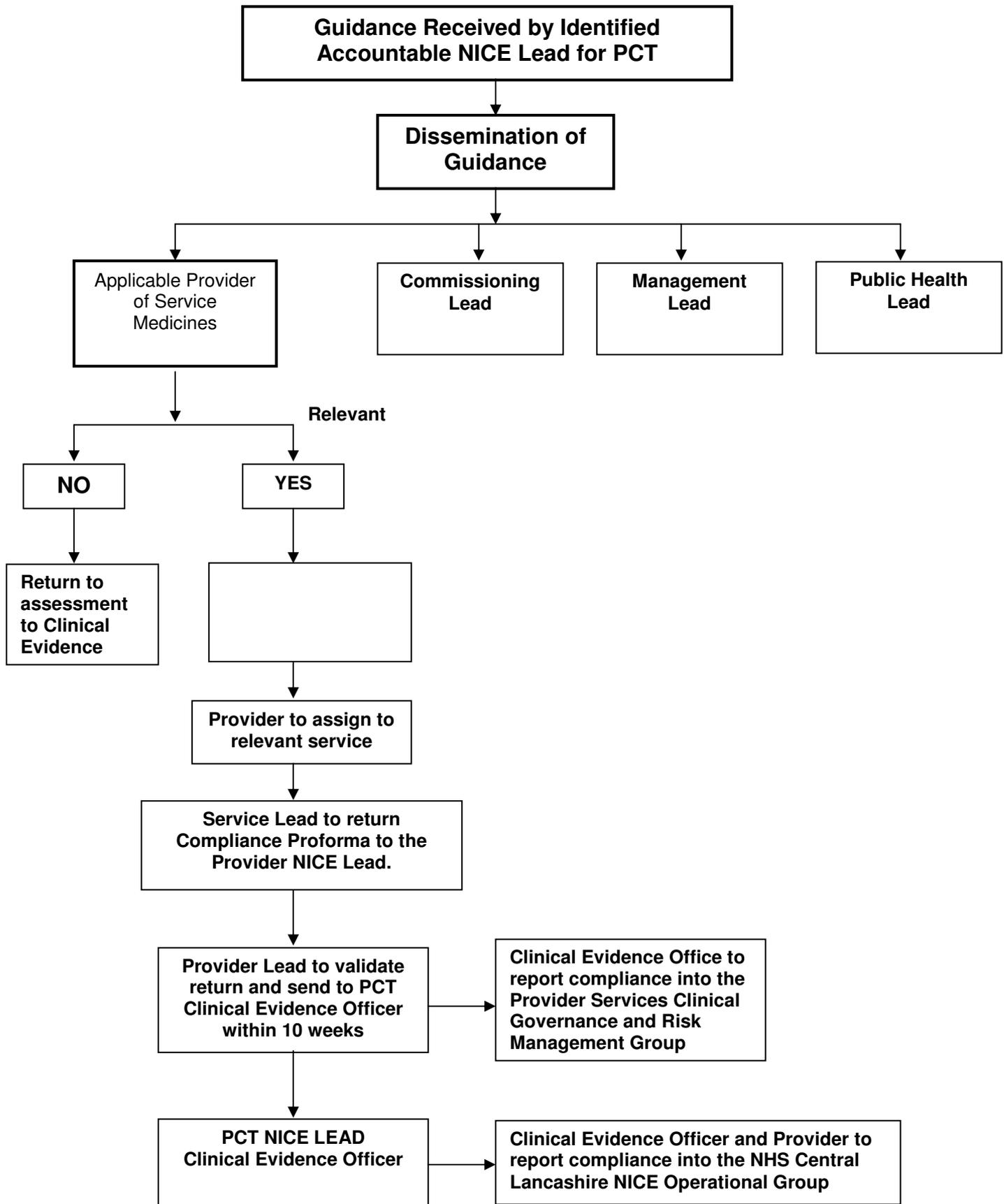
4. ALGORITHMS FOR THE IMPLEMENTATION PROCESS





Appendix 2

Provider Services NICE Guidance Validation Process



Appendix 3

ASSESSMENT FORM FOR THE IMPLEMENTATION OF NICE CLINICAL GUIDELINES

In order to ensure national recommendations are implemented, the action taken within our own organisation needs to be established and documented. Clinical Guidelines are not expected to be implemented overnight but are regarded as developmental. Relevant local clinical guidelines are expected to be reviewed in the light of this guidance and revised accordingly.

Date of Publication:	
Clinical Guideline No.	Title of guidance:
Lead Director:	Designated Lead(s) for assessment of guidance:
Is this guidance applicable within our organisation? Yes <input type="checkbox"/> No <input type="checkbox"/> Please given reasons:	
IMPLEMENTATION DETAILS What steps will initially be taken towards implementation? (E.g. Consideration by a group/committee? Further dissemination of guidance? etc.) Which services/departments/areas of the PCT will be affected by the recommendations?	

<p>ACTION PLAN</p> <p>What changes will be made?</p> <p>What local guidelines / care pathways / protocols would need to be reviewed to reflect this guidance?</p>
<p>What are the barriers to implementation?</p> <p>Financial</p> <p>Training</p> <p>Other</p>
<p>Implementation progress to date:</p> <p>Fully <input type="checkbox"/></p> <p>Partially <input type="checkbox"/></p> <p>Not Implemented <input type="checkbox"/></p>
<p>BARRIERS TO ACTION PLAN</p> <p>Are there any issues related to this guidance that are of sufficient risk to the PCT to be included in the PCT risk register'?</p>
<p>Do you intend to audit local practice against the guidance once implemented</p> <p>Yes</p> <p>No</p>

Date of completion of form:

Form completed by

Contact details:.....

Please return this form and any separate comments on this particular NICE Guidance by (Date) to the
 Clinical Evidence Officer, Jubilee House, Centurion Way, Leyland, Preston, PR26 6TR

Appendix 4

CENTRAL LANCASHIRE HEALTH ECONOMY AUDIT AND GUIDANCE STRATEGY GROUP

TERMS OF REFERENCE

TITLE

1. Central Lancashire Health Economy Audit and Guidance Strategy Group

PURPOSE

2. The purpose of the Group is to:
 - provide strategic direction and advice to the groups/committees overseeing clinical audit in the participating organisations
 - encourage collaboration between health and social care professionals
 - allow trusts to meet national and local audit requirements
 - identify areas for joint working and facilitate co-terminus audit between organisations
 - promote the culture of implementation of NICE and national guidance as an integral part of clinical practice and management in all trusts in the local health and social care community
 - identify potential research opportunities and signpost to appropriate channels

MEMBERSHIP

3. The group will be hosted by Central Lancashire PCT and chaired by the Clinical Evidence Manager. Core membership will comprise representatives from each of the participating organisations

NHS Central Lancashire
Lancashire Care NHS Trust
Lancashire Teaching Hospital Foundation Trust
Lancashire County Council
Southport & Ormskirk Hospitals NHS Trust

4. Regular members will nominate deputies should they be unable to attend. Other members may be co-opted by the group as required

QUORUM

5. In order for the group to be quorate at least one representative from four of the above organisations must be present

MEETING FREQUENCY

6. Bi-monthly

RESPONSIBILITIES OF THE GROUP

7. Assess the relevance of all new NICE and other national guidance to the activities of the participating organisations

8. Identify and agree which trust /group should take the lead on implementing specific guidance
9. Monitor implementation of guidance across the healthcare economy.
10. Offer support and advice where implementation or compliance with national or locally agreed guidelines has not been met
11. Assist local organisations and community services in meeting their governance requirements.
12. Develop mechanisms to enable service user perspectives are included in the strategic overview and planning.

Reports to

13. The group will be hosted by NHS Central Lancashire and will report to the Quality and Safety Committee at NHS Central Lancashire and to the committees overseeing clinical audit and governance in participating organisations including:
 - The Quality and Safety Sub Committee, NHS Central Lancashire
 - Clinical Governance Sub-Committee, Lancashire Teaching Hospitals Foundation Trust
 - The Quality & Integrated Governance, Committee, Southport & Ormskirk NHS Trust
 - Executive Management Team Governance, Lancashire Care NHS Trust
 - Governance and Effectiveness, Lancashire County Council
14. Participating organisations will provide 6 monthly reports on progress with implementing NICE and other national guidance.
15. Minutes of the meetings will be provided to the relevant committees.
16. A joint presentation event will be held each year featuring portfolio audits.
17. Completed audits will be included in the Annual Report of each member organisation and disseminated accordingly.
18. Independent contractors will use their current mechanisms for disseminating audit information.

July 2011