

NICE Guidelines Implementation Procedure

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NICE Guidelines Implementation Procedure

1 Introduction

The Tavistock and Portman NHS Foundation Trust is committed to providing high quality care which is evidence based where possible and guided by the National Institute for Health and Care Excellence

The National Institute for Health and Care Excellence (NICE www.nice.org.uk) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

The Trust must demonstrate how it complies with NICE guidance and ensure that there is a system that identifies the risk of non-compliance with guidance.

The Trust must also ensure that through their awareness of the work of NICE, clinicians have the opportunity to influence topic selection and to comment on draft guidance.

2 Purpose

This procedure sets out the Trust's framework for the review, dissemination implantation and monitoring relevant NICE guidance and NICE Quality standards.

3 Scope

This procedure is relevant to all clinical staff and to quality and governance staff who have a responsibility to coordinate dissemination of proposed and agreed guidelines and quality standards issues by NICE.

4 Definitions

The core principles of all NICE guidance are that they are based on a comprehensive evidence base. They are produced collaboratively with a wide range of stakeholders including groups.

NICE guidance does not, however, replace clinicians' knowledge and skills. A decision about a particular patient will be made with the clinician and patient

jointly, and/or with their parent or carer when appropriate.

The role of NICE is:

- Identify good clinical, public health and social care practice using the best available evidence.
- To help resolve uncertainty for the public, patients and professionals.
- To reduce variation in the availability and quality of practice and care.
- To provide patients, healthcare professionals and the public with authoritative, robust, reliable guidance on current best practice.

NICE publishes the following types of guidance:

- Clinical guidelines – guidance on the appropriate treatment and care of people with specific diseases and conditions, within the NHS.
- Technology appraisals – guidance on the use of new and existing medicines and treatments within the NHS.
- Public health guidance – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, in local authorities and within voluntary sector.
- Interventional procedures guidance – guidance on the use of new and existing procedures for diagnosis or treatment within the NHS.
- Medical technologies guidance – guidance on the selection and evaluation of new or innovative medical technologies.
- Quality standards – standards that define high quality, cost effective care across a disease, condition or clinical area.

NICE produce a range of implementation support tools for specific pieces of guidance including:

- Podcasts
- Slide sets
- Audit and baseline assessment tools
- Clinical case scenarios
- Online learning modules
- Academic detailing aids
- Service planning implementation tools
- Guides to resources
- Templates/ checklists/ care plans
- Implementation of the above

NICE Quality Standards:

Quality Standards define high-quality, cost-effective care across a disease, condition or clinical area. They are presented as a set of specific, concise statements that act as markers of high-quality, cost effective patient care. They are derived from the best available evidence and are produced collaboratively with the NHS and Social Care, along with partner agencies and service users.

5 Duties and Responsibilities

Medical Director has overall corporate responsibility for the implementation of NICE Guidance and NICE Quality Standards within the Trust.

Clinical Directors are responsible for ensuring that NICE Guidance and NICE Quality Standards are implemented in their directorate, as appropriate.

Clinical Governance Directorate Leads are responsible for providing assurance to the NICE coordinator that NICE Guidance and NICE Quality Standards are implemented. The clinical governance leads will work with team managers and Directorate NICE "Champions" to ensure implementation and monitoring of actions plans.

Clinical Audit Work Stream Lead will coordinate the operational work:

- To identify new NICE Guidance of relevance to the Trust
- To ensure all newly published and relevant NICE Guidance and NICE Quality Standards are discussed at Directorate Clinical Governance meetings.
- To ensure dissemination of new guidance to team managers and NICE "champions"
- To ensure NICE Guidance are reflected within the Trust Clinical Audit programme where relevant.
- To ensure completion of baseline assessments of relevant NICE Guidance.

The Clinical Governance and Quality Manager is responsible for managing the administrative system for NICE Guidance implementation.

The Management Team is responsible for monitoring compliance with NICE guidelines. Issues of non-compliance will be reported as incidents, with any risks noted on the Trust's risk register.

All clinical members of Trust staff have a responsibility to work according to the best evidence available to them including NICE Guidance.

6 Procedures

The clinical Audit Work Stream Lead will make arrangements:

- To regularly monitor the NICE website and to receive NICE email alerts about newly published guidelines/guidelines in process which are of relevance to the Trust.

- To update the Trust database with details accordingly.
- To Flag relevant upcoming consultations to encourage Trust participation where possible in coordination with the Director of Communications and Marketing
- To ensure that baseline assessments/gap analyses are completed for each new guidance. Arrangements will be made for each newly published guidance to be reviewed and the implications for the Trust both professional and operational identified.
- To add to the risk register any risks identified via process.
- To implement action plans in consultation with the relevant directors.
- To disseminate relevant guidelines and Quality Standards electronically to clinical Governance leads and NICE champions.
- To monitor compliance with NICE Guidance and NICE Quality Standards.

A NICE Guidance Baseline Assessment Form is attached in Appendix B.

The Clinical Audit Lead will liaise with the Trust Clinical Directors to:

- Monitor compliance with and performance against the action plans through reports from the clinical governance leads in the Directorates.
- Discuss and agree and /or escalate need for training to support implementation.
- Identify any risks with implementation and where appropriate add these to the risk register and/or request that the Medical Director escalate these to Management Team as appropriate.
- Identify issues around non-compliance when these arise and keep a log of how and why non-compliance is being considered/practiced and ensure that actions plans are in place to address any issues.

7 Training Requirements

N/A

8 Process for monitoring compliance with this procedure

Monitoring compliance with this procedure will be included in the clinical audit reporting line to the Clinical Quality and Patient Experience work stream of the Clinical Quality Safety & Governance Committee.

9 References

- National Institute for Health and Care Excellence.
www.nice.org.uk

10 Associated documents¹

¹ For the current version of Trust procedures, please refer to the intranet.

Appendix A: Equality Impact Assessment

Completed by	Irene Henderson
Position	Clinical Governance & Quality Manager
Date	April 2019

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?		X
Is it a major policy, significantly affecting how Trust services are delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?			

What are the key findings of any engagement you have undertaken?			
If there is a greater effect on one group, is that			

consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			
Will the policy deliver practical benefits for certain groups?			
Does the policy miss opportunities to advance equality of opportunity and foster good relations?			
Do other policies need to change to enable this policy to be effective?			
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources.

Appendix B: NICE Implementation Form (to be completed by NICE lead)

NICE Guidance:		
Date of Issue:	Reviewer:	Directorate review applicable to:
Summarise key requirement/ recommendation from the guidance that relate to the Trust		
Reference in guideline	Summary of requirement/ recommendation	Do we currently meet this recommendation yes/no*
Confirm all sections of the guideline not identified above are NOT relevant to the Trust		

- A base line assessment for each requirement that we do not meet should be filled in by the NICE Lead

Assessment and action plan for NICE guidelines which are not fully met by trust				
Action plan	Summarize position and/or progress	Who is responsible?	Target date	Achieved Date
Base line data/ current position				
Success criteria				
Barriers identified				
What needs to be done?				
Action 1				
Action 2 (note: add more rows if required)				
Resource implications				
Training needs				
Audit criteria defined				
Audit programme agreed				
Date completed:				
Name of Guideline lead:				

Once completed please submit electronically to the Clinical Audit Officer, Lynsey Rismani.