Shropshire Community Health NHS
NHS Trust

Document	
Title	**NICE Guidance Policy**
Trust Ref No	1539-
Main points this document covers	This policy details the responsibilities and processes associated the implementation of NICE guidance within the Trust
Who is the document aimed at?	All clinical staff
Authors	Michelle Bramble, Governance Manager – Clinical Effectiveness Lead
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Approved by	Clinical Effectiveness Committee
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Amendments		
No	Date	Amendment
1	May 2012	Minor amendment made following NHSLA
2	June 2012	Minor amendments made following Quality
3	July 2014	Routine review and amendments made to
4	December 2018	Minor amendments to reflect changes in organisational structure
5	January 2019	Routine review and major amendments following a full review of Trust processes
6	May 2020	Full re-write of the policy to reflect changes in processes
7	June 2024	Amended to reflect changes in organisational structure within the Trust

1 Introduction

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world.

NICE produces guidance on public health, health technologies and clinical practice. NICE also publishes Quality Standards which are a set of specific, concise statements and associated measures. They set out aspirational but achievable markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

2 Purpose

The purpose of this policy is to ensure that Shropshire Community Health NHS Trust (SCHT) has a robust mechanism for the dissemination, implementation and monitoring of NICE guidance.

It is intended for all Trust staff involved with the implementation of NICE guidance and relates to all types of guidance issued by NICE.

3 Definitions

Guidance

3.1 **NICE guidelines** review the evidence across broad health and social care topics. These include antimicrobial prescribing guidelines, cancer service guidelines, clinical guidelines, medicines practice guidelines, public health guidelines, safe staffing guidelines, social care guidelines. Organisations are expected to take the recommendations contained within NICE clinical guidelines into account when planning and delivering services and could be subject to legal challenge if they do not do so.

3.2 **Diagnostic guidance** evaluates new, innovative diagnostic technologies. It includes all types of measurements and tests that are used to evaluate a patient's condition and helps the NHS to make efficient, cost-effective and consistent decisions about adopting new products.

3.3 **Interventional procedures guidance** looks at procedures used for diagnosis or treatment. It considers if they are safe and work well enough for wider use in the NHS.

3.4 **Technology appraisals** are recommendations on the use of new and existing medicines and treatments within the NHS. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within three months (unless otherwise specified) of its date of publication. This means that, if a patient has a disease or condition and the clinician responsible for their

care thinks that the technology is the right treatment, it should be available for use, in line with NICE's recommendations.

3.5 **Highly specialised technology evaluations** are recommendations on the use of new and existing highly specialised medicines and treatments within the NHS in England.

3.6 **Medical technologies guidance** evaluates new, innovative medical devices and diagnostics. It looks at medical technologies that: deliver treatment - like those implanted during surgical procedures, give greater independence to patients or detect or monitor medical conditions.

3.7 **Quality standards** set out priority areas for quality improvement in health and social care in the form of a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

Advice

3.8 **Evidence summaries** review the best available evidence for selected medicines including antimicrobial prescribing.

3.9 **Medtech innovation briefings** review the evidence and likely costs of medical devices and technologies.

3.10 **Key therapeutic topics** are evidence summaries to support medicines optimisation

4 Duties

Individual

4.1 The Chief Executive is responsible overall for the statutory duty of providing a good quality of care which is the principle aim of this policy.

4.2 The Medical Director has specific responsibility for NICE guidance at executive level, maintaining an overview of the implementation of NICE guidance and providing advice and guidance in relation to NICE guidance in which the Trust is non-compliant.

4.3 The Governance Manager – Clinical Effectiveness Lead is directly responsible for managing the NICE guidance implementation programme by:

- Ensuring that key members of staff receive monthly updates of newly-published NICE guidance.
- Reviewing the NICE guidance summary each month and assigning appropriate actions in conjunction with the Clinical Leads for Quality and the Chief Pharmacist prior to submission to Quality & Governance Divisional meetings.
- Disseminating relevant documentation and resources to services where a baseline assessment of compliance is required and monitoring completion within the timescales agreed.

- Providing direct support to clinical staff undertaking baseline assessments, particularly in relation to the type and quality of evidence required to demonstrate compliance.
- Checking and challenging completed baseline assessments prior to submission to Quality and Governance Divisional meetings for review and approval.
- Monitoring the implementation of action plans resulting from completed baseline assessments.
- Maintaining a database of all newly-published NICE guidance.
- Ensuring clinical audit is used to provide robust assurance of compliance with NICE guidance where required.
- Reviewing and informing stakeholders of prospective guidance being issued from NICE.
- Providing regular updates to the Clinical Effectiveness Committee on progress in the implementation of the NICE guidance programme.

4.4 The Divisional Clinical Managers are responsible for reviewing the guidance published by NICE each month in conjunction with the Governance Manager – Clinical Effectiveness Lead and the Chief Pharmacist and assigning actions against each piece of guidance accordingly.

4.5 The Chief Pharmacist is responsible for reviewing newly-published NICE guidance each month for relevance and assigning actions accordingly in conjunction with the Clinical Leads for Quality and the Governance Manager – Clinical Effectiveness Lead. The Chief Pharmacist oversees the implementation of Technology Appraisals via the Integrated Medicines Optimisation Committee (IMOC) for items which will be used solely within primary care. Items that will be used by both Secondary care and Primary care will go through the Drug and Therapeutics Committee at Shrewsbury and Telford Hospitals NHS Trust (SaTH) for agreement, before going to IMOC for final approval.

4.6 Service managers and leads are responsible for the dissemination and implementation of NICE guidance within their respective services.

4.7 All healthcare professionals are expected to take full account of NICE guidance when exercising their clinical judgment. However, NICE guidance does not override the individual responsibility of clinicians to make appropriate decisions regarding individual patients according to their clinical circumstances.

Groups and Committees

4.8 The Clinical Effectiveness Committee maintains an overview of the process relating to NICE guidance within the Trust, ensuring that it is comprehensive and fit for purpose. The Committee receives a quarterly update on NICE guidance implementation and focuses on the risks presented to the Trust of non-compliance.

4.9 The Quality and Safety Committee has oversight of the NICE guidance implementation programme and is responsible for providing assurance to the Board of Trust compliance with relevant guidance. The Committee receives

regular updates on progress in implementation from the Clinical Effectiveness Committee.

4.10 The Quality and Governance Divisional meetings are responsible for coordinating the dissemination and implementation of NICE guidance by:

- Identifying all guidance which is relevant to the Trust. Refer to Section 6 for detail.
- Ensuring that baseline assessments of compliance are undertaken in a timely manner for the relevant services and monitoring progress in completion.
- Approving the findings and recommendations from completed baseline assessments and monitoring the implementation of any action plans that result.

4.11 The Integrated Medicines Optimisation Committee is responsible for the final approval of relevant Technology Appraisals - i.e. understanding current practice and assessing the resource impact - and updating the formulary where required.

5 Principles of implementation

The Trust approach to the implementation of NICE guidance follows the principles set out in the NICE publication *"How to put NICE guidance into practice – a guide to implementation for organisations"* with particular reference to the following key components:

- board support and clear leadership
- support from the Governance Team to coordinate the process
- multidisciplinary Service Delivery Group structure to consider all new guidance
- systematic approach to financial planning
- systematic approach to implementing guidance
- evaluation and audit

6 Procedure for implementation

The procedure for implementing NICE guidance within the Trust is outlined in the section below. A flowchart summarizing the various stages of this process can be found at Appendix 1.

6.1 Process for identifying relevant NICE guidance

- The Governance Manager – Clinical Effectiveness Lead produces a monthly summary of new or updated guidance produced by NICE.

- The Governance Manager and the Chief Pharmacist review this summary every month and suggest one of the following responses in relation to each piece of guidance listed: not relevant; relevant but for information only; relevant – baseline assessment of compliance required.

- The summary is reviewed and approved each month at Quality and Governance Divisional meetings. Where a baseline assessment is required – for NICE

guidelines and Quality Standards - relevant services are identified and clinical leads appointed. The Governance Manager notifies the relevant individuals and forwards a copy of the guidance together with the baseline assessment tool for completion.

- The NICE guidance database, which contains detail of all guidance issued by NICE, is updated accordingly, as is the relevant Divisional Clinical Effectiveness Programme spreadsheet located on the Quality and Governance Divisional meeting Teams channel.

6.2 Process for assessing compliance/producing a gap analysis

- **NICE clinical guidelines.** A baseline assessment of compliance is requested from relevant services using the tool produced by NICE, usually within a timescale of three months. This process may involve a variety of methods, such as individual or group discussions with staff, questionnaires, clinical audit, review of training content, use of performance data etc. This process also includes the undertaking of a resource impact assessment. Completed baseline assessments are reviewed by the Governance Manager prior to submission to the relevant Quality and Governance Divisional meeting for approval

- **Quality Standards.** The publication of a new NICE Guideline is usually followed by a related Quality Standard. This type of guidance focuses on areas identified nationally as having the most impact on quality improvement. An assessment of compliance is requested using the quality standard service improvement template produced by NICE, usually within a timescale of three months. This process includes the undertaking of a resource impact assessment. Completed templates are reviewed by the Governance Manager prior to submission to Quality and Governance Divisional meetings for approval.

- **Technology Appraisals (TA).** Relevant guidance is reviewed at Area Prescribing Committee to assess current practice, resource impact and addition to the formulary. Commissioners have a statutory responsibility to make funding available for a drug or treatment recommended by a NICE TA and to begin doing so no later than 90 calendar days (30 calendar days for cancer medicines) after the guidance is published, unless otherwise specified in the guidance. Compliance is achieved when a patient, after discussion with a clinician, is able to choose a NICE-recommended treatment without any local funding or formulary restrictions.

6.3 Process for developing actions plans to address any shortfalls

Services and teams are responsible for developing action plans where gap analyses of NICE Guidelines or Quality Standards have identified areas of non-compliance, using the action plan section on the NICE baseline assessment template.

6.4 Process for ensuring that action plans are implemented

The implementation of action plans is monitored by the Governance Manager and any delays reported to the relevant Quality and Governance Divisional meeting.

7 Consultation

The review of this policy has been undertaken in consultation with the Quality and Governance Divisional meetings.

8 Dissemination and Implementation

The policy will be available within the Policies section on the staff intranet. Direct support and training is provided to clinical staff undertaking reviews of NICE guidance by the Governance Manager.

9 Monitoring compliance

Completion of baseline assessments and implementation of resulting action plans are monitored via the Divisional Clinical Effectiveness Programmes located on Teams by the Governance Manager. Any delays are reported to the Quality and Governance Divisional meetings and escalated to the Clinical Effectiveness Committee where required.

10 Associated Documents

Other Trust policies to which this policy is relate:

The Clinical Audit Policy

11 References

Care Quality Commission (2010). Essential Standards of Quality and Safety.

Institute for Health and Care Excellence (2005). How to put NICE guidance into practice–a guide to implementation for organisations.

Appendix 1

Process for the Dissemination and Implementation of NICE Guidance