

## TRUST POLICY AND PROCEDURE FOR THE MANAGEMENT OF NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) GUIDANCE

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|   | 1                 | January 2008  | Pam Twine                                  | New Policy   |
|   | 2                 | March 2010    | Pam Twine                                  | Monitoring section changed to revised format   |
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|   | 4                 | July 2013     | Pam Twine                                  | Changes following Internal Audit review  |
|   | 5                 | January 2018  | Lorna Priestman                            | New Policy details added   |
|   | 6                 | November 2019 | Lara Raworth                               | Review / amendment to reflect new processes and harmonisation of sovereign organisation policies |
| <b>Intended Recipients:</b> All staff members involved in patient care in University Hospital Derby and Burton NHS Foundation Trust. Target audience: All Clinical Staff, Divisional Senior Management Teams, Clinical Audit Facilitators, Clinical Governance Facilitators |                   |               |  |  |
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| <b>Executive Lead Signature</b>   |                   |               | Executive Medical Director                 |  |
| <b>Approving Executive Signature</b>  |                   |               | Chief Executive                            |  |

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# TRUST POLICY AND PROCEDURES FOR THE MANAGEMENT OF NICE GUIDANCE

## 1 **Introduction**

The National Institute for Health and Care Excellence (NICE) is an independent organisation responsible for providing national guidance on the promotion of good health and the treatment of ill health. The successful implementation of NICE guidance helps ensure high standards of care and patient safety in line with the best available evidence regarding clinical and cost-effectiveness. NICE guidance provides national guidance on treatment and care for use by health care professionals, patients and carers to aid decision making about treatment and healthcare. This policy has been developed to inform clinicians of the systems and processes in place for the management of NICE Guidance.

NICE Guidance is available in a number of forms and can be found on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

## 2 **Purpose and Outcomes**

The Trust must demonstrate to stakeholders that NICE guidance is being reviewed and implemented within the Trust and across the health community. This is a regulatory requirement which is subject to scrutiny by the CQC and other regulatory bodies. Assurance of compliance is also required as part of the NHS standard Acute Services Contract.

The aim of this Policy is to ensure that:

- There is an approved process for ensuring that agreed best practice as defined in NICE Guidance is taken into account and implemented within the clinical services provided by the Trust
- There is a process for receipt, dissemination and compliance recording of a baseline position via gap analysis, implementation and monitoring of all NICE Guidance
- Relevant recommendations are acted upon throughout the Trust
- Where deficiencies are identified through monitoring there is a process for exception reporting and action planning for the implementation of relevant changes.

### 3 Definitions Used

|                                  |   |
|----------------------------------|---|
| <b>NICE</b>                      | National Institute for Health and Care Excellence   |
| <b>Technology Appraisals</b>     | Recommendations on the use of new and existing medicines and treatments. Technology Appraisals must be implemented and funded within 3 months from the date of their issue. The Drugs and Therapeutics Group will monitor implementation and will report monthly to the NICE and Clinical Audit Group via the Medical Directors Office Manager.   |
| <b>Clinical Guidelines</b>       | Recommendations on the appropriate treatment and care of people with specific diseases and conditions.  |
| <b>Interventional Procedures</b> | <p>Procedures used for diagnosis or treatment which involve:</p> <ul style="list-style-type: none"> <li>• Making a cut or hole to gain access to the inside of the body</li> <li>• Gaining access to a body cavity without cutting e.g. endoscopies</li> <li>• Using electromagnetic radiation e.g. X Rays or laser treatments</li> </ul> <p>The guidance covers the safety of the procedure, whether it works well and advice on special arrangements necessary for consent. It will also advise where procedures should not be used or may only be used within a specialist centre or as part of a controlled research study.</p> <p>Introduction of a new procedure must be approved via the Trust's Clinical Change Management process.</p> |
| <b>Public Health Guidance</b>    | <p>There are 2 types:</p> <ul style="list-style-type: none"> <li>• Public health intervention guidance which makes recommendations on interventions that promote a healthy lifestyle or reduce the risk of developing diseases</li> <li>• Public Health Programme Guidance which deals with broader activities for promoting good health and preventing ill health.</li> </ul>  |

|                                      |   |
|--------------------------------------|---|
| <b>Patient Safety Guidance</b>       | NICE worked with the National; Patient Safety Agency (now the NHS Commissioning Board Special Health Authority to produce this joint guidance). The first guidance was published in January 2008. |
| <b>Medical Technologies Guidance</b> | Guidance to assist the NHS in the adoption of Medical technologies rapidly and consistently by advising on efficiency and cost effectiveness.   |
| <b>Diagnostics Guidance</b>          | Makes recommendations to the NHS on the effectiveness and efficiency of new Diagnostic Technologies.  |
| <b>Quality Standards</b>             | A set of specific statements that are markers of high quality care including prevention and treatment of diseases and conditions.   |

#### **4 Key Responsibilities/Duties**

##### **4.1 The Trust Board**

The Trust Board is responsible for ensuring high level support for evidence based practice.

##### **4.2 Executive Medical Director**

The Executive Medical Director will act as the Trust Lead for the management of all NICE Guidance.

##### **4.3 Divisional Medical Directors and Clinical Directors**

Divisional Medical Directors and Clinical Directors will support with ensuring responses to requests are received in a timely manner and engage with the escalation process to support the receipt of timely responses.

##### **4.4 Assistant Clinical Directors**

The Assistant Clinical Director (or nominated deputy) will:

- Receive any new NICE guidance relevant to their specialty
- Co-ordinate a response to the NICE guidance issued, ensuring that all clinical areas who are impacted by the NICE guidance publication are consulted with
- Ensure completion of the relevant baseline assessment tool and agree action plans where relevant.

##### **4.5 Medical Directors Office Manager**

The Medical Directors Office Manager will:

- Support the Executive Medical Director in overseeing the implementation and monitoring of compliance with NICE guidance
- Report issues of non-compliance, where full compliance is considered inappropriate or implementation is not possible within agreed timescales, to the NICE and Clinical Audit Group.

#### **4.6 Clinical Audit Team**

The Clinical Audit Team will:

- Establish and maintain systems for the receipt, dissemination, implementation and monitoring of all NICE guidance. Divisions will be supported to ensure that compliance reporting meets set timescales and is reported to the relevant Groups and Committees
- Maintain a database containing all relevant information relating to the management of NICE guidance. The database will be continuously be updated and linked to the Clinical Audit Forward Programme for each Division
- Distribute newly published NICE guidance to the relevant Assistant Clinical Director on a monthly basis
- Report the details of responses to guidance to the appropriate Business Unit / Divisional Governance meeting, highlighting details of non-compliance to NICE guidance and ensuring appropriate identification of additions to the Trust Risk Register by the Division
- Monitor and record the approval of implementation of Technical Appraisals within the central database
- Escalate any non-engagement to the Medical Directors Office Manager in line with the escalation process.

#### **4.7 Health Professionals**

Health professionals are expected to take NICE Guidance fully into account when treating patients.

However NICE Guidance does not override the professional's individual judgment to make decisions about the care and treatment of patients. If NICE Guidance is not followed the reasons for not doing so must be fully documented within the patient health record.

#### **4.8 NICE and Clinical Audit Group**

The NICE and Clinical Audit Group co-ordinates, oversees and provides a network with a range of sub-groups that contribute to improving standards and the quality of care for patients.

This Group receives a monthly report on new guidance and outstanding compliance from the Medical Directors Office Manager and escalates issues of non-compliance to the Clinical Compliance Group.

#### **4.9 Drugs and Therapeutics Group**

Implementation of Technical Appraisals will be monitored by the Drugs and Therapeutics Group. This Group provides strategic direction for prescribing and therapeutics within the Trust and will consider and respond to NICE Guidance relating to medicines.

## **5 Management of NICE Guidance – (Refer to Appendix 1)**

### **5.1 Dissemination of NICE Guidance**

All guidance will be sent out from the Clinical Audit Department on a monthly basis. An electronic copy of the guidance plus a base line assessment tool will be e-mailed to the relevant Assistant Clinical Director or nominated deputy.

Trust Wide guidance will be discussed at the NICE and Clinical Audit Group and where relevant a clinical lead designated.

All new guidance will be added to the Trust NICE database.

### **5.2 Assessing compliance with NICE Guidance**

A baseline assessment which identifies the current level of compliance with the guidance should be carried out for all guidance.

Where the Trust is fully compliant no further action is necessary. The Clinical Lead must complete the compliance proforma and return it to the Clinical Audit Team.

Where there are delays in responses the Clinical Audit Team will contact the relevant Clinical Director and then Divisional Medical Director who will be responsible for ensuring compliance forms are completed. The ACD or nominated deputy must ensure that a completed compliance form or action plan is returned within three months of publication of the guidance.

Where the Trust is not compliant issues that may need consideration include:

- Will major changes in practice be necessary
- Will protocols/care pathways need to be updated
- What patient and public involvement issues need consideration e.g. patient information
- Are there capacity or resource issues
- Will there be additional costs and do these need to be added to the business plan
- Are there workforce/training implications
- Are there potential risks and should they be added to the Risk Register
- Can implementation occur within the agreed timescales
- Does the implementation impact on other services/health communities.

### **5.3 Partial or Non-Compliance**

Where the Division is partially or non-compliant to a piece of NICE guidance, the baseline assessment tool must be completed and actions identified for achieving compliance with the guidance. All partial or non-compliance must be added to the Trust Risk Register. It is the responsibility of the Division to record, monitor and update any risks in relation to NICE guidance.

Action plans must include clear, named responsibilities linked to specific timescales. A progress report on the action plan must be submitted to the Clinical Audit Team within the specified time frame.

Successful implementation of NICE guidance will require “ownership” locally. Therefore the local context must be considered and potential barriers to change

including cultural, organisational, resource-related and personal must be recognized.

Implementing guidance may require health professionals to change long held patterns of behaviour and change management skills are essential. Where clinicians need to change practice to achieve compliance the potential impact on other services must be taken into account.

Where compliance is not considered appropriate, this will be agreed within the Division and escalated to the NICE and Clinical Audit Group. This will then be discussed and further escalated to the Clinical Compliance Group and onwards to the Quality Review Group.

It is recognised that complex guidance will often take longer than six months to implement due to the need for service change, staff training or resource issues. In these cases an initial baseline assessment tool should still be submitted within 3 months to show that planning is in progress. The action plan will then be monitored by the relevant designated Business Unit and Divisional Governance Group.

Where a group or individual is concerned that NICE guidance may not represent best practice for example because further evidence has been published, the new evidence should be submitted to the NICE and Clinical Audit Group.

## **6 NICE Guidance Review and Sign Off**

All responses and completed baseline assessment tools for NICE guidance will be reviewed and signed off at the most appropriate Business Unit and / or Divisional meeting.

The Clinical Audit Team will ensure that the responses and completed baseline assessment tools are made available for review prior to the meeting and a member of the Clinical Audit Team will also be in attendance at the meeting to facilitate the sign off process.

For those pieces of guidance where partial or non-compliance has been identified, the sign off process also needs to identify an appropriate person to make the addition to the Trust Risk Register.

## **7 Monitoring Compliance and Effectiveness**

|                          |   |
|--------------------------|---|
| Monitoring Requirement : | <ul style="list-style-type: none"><li>• Process for conducting an organisational gap analysis</li><li>• Process for ensuring that recommendations are acted upon throughout the organisation</li></ul>  |
| Monitoring Method:       | <ul style="list-style-type: none"><li>• Review of the NICE guidelines database in relation to completion of gap analysis</li><li>• Review of monthly Divisional reports to the Clinical Governance Department to measure compliance with completion of action plans</li></ul> |
| Reports Prepared by:     | Medical Directors Office Manager  |
| Report presented to:     | NICE and Clinical Audit Group   |

|                     |    |                 |
|---------------------|----|-----------------|
| Frequency<br>Report | of | Monthly reports |
|---------------------|----|-----------------|

NICE GUIDANCE IMPLEMENTATION FLOW CHART

