

## NICE Implementation Policy

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NICE Implementation Policy

**Version Control Sheet**

<b>Version</b>	<b>Section / Para / Appendix</b>	<b>Version / Description of Amendments</b>	<b>Date</b>	<b>Author / Amended by</b>
1		New policy		Janine Elson
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**NICE Implementation**

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## Procedural Document Statement

<b>Background Statement</b>	The purpose of this policy is to ensure that the Trust demonstrates that NICE guidance/Quality Standards are implemented within the organization. The Trust is committed to complying with NICE Guidance to ensure that patients receive the best evidenced based and cost effective treatment for the prevention of ill health.
<b>Responsibilities</b>	Compliance with the strategy and policy will be the responsibility of all staff.
<b>Training</b>	All members of staff involved with NICE will be expected to undergo training with completion of elfh <a href="https://www.elfh.org.uk/programmes/nice/">https://www.elfh.org.uk/programmes/nice/</a> .and In house training re use of NICE guidance tools.
<b>Dissemination</b>	Website/Team Brief/Quality Assurance Groups
<b>Monitoring</b>	This policy is monitored via the Clinical Safety and Effectiveness Committee and assurance given to the Quality and Risk Committee
<b>Equality Statement</b>	As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

## 1. Introduction

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing evidence-based National guidance to ensure the promotion of good clinical and cost effective treatment in the prevention of ill health. The Trust will implement as far as is possible, technology appraisals, public health guidance, clinical guidelines and quality standards.

## 2. Purpose

The purpose of this policy is to ensure that the Trust demonstrates that NICE Guidance/Quality Standards/Technology Appraisals are implemented within the organisation. The Trust is committed to complying with NICE to ensure that patients receive the best evidenced based and cost effective treatment for the prevention of ill health.

## 3. Aims and Objectives

To introduce a Trust system that will ensure a robust approach to the processing, dissemination, implementation and monitoring of NICE Guidance, Quality Standards and Technology Appraisals, within LCHS NHS Trust.

## 4. Roles and Responsibilities

**Medical Director:** The Medical Director is the Executive Lead with overall strategic responsibility to ensure the system is in place to monitor compliance. The Medical Director is also responsible for ensuring that NICE guidance, quality standards and technology appraisals are implemented across the Trust. She/he can escalate any risks to the board.

**Identified leads:** Identified leads can be the Deputy Medical Director or Clinical Director (LISH) or anyone appointed by Deputy Medical Director or Clinical Director (LISH) to complete the baseline assessment, oversee and implement the action plan. They are also responsible for providing evidence of compliance and raising awareness of

guidance amongst healthcare professionals within their service line or the Trust.

**Clinical Director/ Head of Clinical Services:** Leads for implementation in their service line. Leads have responsibility for ensuring that NICE Guidance and Quality Standards are shared within the service and discussed at local monthly quality assurance meetings. They must ensure that they inform the Clinical Safety and Effectiveness Committee and the Deputy Director of Nursing of any risk to the Trust when identified.

**Quality Governance Support Officer (NICE Coordinator):** The Quality Governance Support Officer is responsible for the coordination and distribution of new NICE Guidance/Quality Standards to the Clinical Directors, HOC or designated leads. They will maintain the NICE database and support and advise relevant staff. They will provide a report to the Clinical Safety and Effectiveness meeting on a monthly basis and quarterly report to the Head of Effective Practice/Deputy Director of Nursing for the benefit of the Quality and Risk Committee.

**Deputy Director of Nursing:** The Deputy Director of Nursing has the overall responsibility to monitor compliance and provide reports for internal and external stakeholders. Has responsibility for reporting NICE updates quarterly to the Quality and Risk Committee (Q&R) and raising any concerns with the Medical Director and updating the risk register where non-compliance puts the Trust at risk. The Q&R will be the group responsible for overseeing this process and will receive assurance reports as per the reporting schedule.

**Healthcare Professionals:** All healthcare professionals employed by LCHS Trust are responsible for ensuring that they understand the significance relevance and impact on daily practice of NICE guidelines.

**Medicines Management:** The Medicines Management lead and the Trust's Drugs and Therapeutics committee (DTC) will receive NICE guidance or Technology Appraisals to confirm relevance to the Trust and must ensure that where NICE recommends a specific treatment as an option that has been agreed by the Joint Lincolnshire Formulary ensures that the treatment is available within 3 months from date of issue (unless specified otherwise) and that these are shared and implementation discussed (if

appropriate) at DTC.

**Medical Devices:** The Head of Medical Devices and Technology will receive any Technology Appraisals in relation to medical devices to confirm relevance to the Trust and these would be discussed at the Medical Devices Group for approval if necessary.

### **Clinical Safety and Effectiveness Committee**

The Committee is responsible for reviewing all new NICE guidance and Quality Standards to determine whether they are relevant to the Trust and arranging the completion of a baseline assessment. Service line reviews of NICE Guidance and Quality Standards and their action plans will be discussed at the Clinical Safety and Effectiveness Committee once complete.

## **5. Definitions**

**National Institute for Health and Care Excellence (NICE):** is the independent organisation responsible for providing cost effective, evidence-based National guidance that promotes good health, prevention and treatment of ill health.

**Clinical Guidance:** Evidence based recommendations to guide decisions on the prevention, treatment and care of people with specific conditions.

**Technology Appraisals:** NICE provides recommendations on the use of new and existing health medicines and treatment within the NHS. This includes procedures, diagnostic agents, devices and pharmaceutical products. Under the NICE regulations where NHS England is the appropriate health body, it must comply with a NICE Technology recommendation. This includes providing funding usually within 3 months of the date of publication for any patient who meets the clinical criteria.

**Quality Standards:** These usually consist of about 6-8 concise statements designed to drive and measure priority quality improvements within a specific area of health or care. These are developed through NICE and seek to address clinical effectiveness, patient safety and patient experience.

**Public Health intervention guidance:** Provides recommendations on the promotion of

good health and the prevention of ill health often for a particular group, on a particular topic or a particular setting. These recommendations help to promote or maintain a healthy lifestyle or reduce the risk of developing a disease or condition (for example encouraging exercise, promoting oral health etc.).

**Baseline Assessment:** This form should be completed once a guideline or Quality Standard has been identified as relevant to the Trust. This document states the Trust's initial position detailing the level of compliance against the NICE guidance. Where partial or non-compliance is established an action plan should be completed detailing the gaps identified to align the Trusts current practice with NICE guidance.

**Full Compliance:** This status implies that the Trust (service team or area) are confident that current practice aligns with NICE recommendations and will continue to monitor this through regular audit arrangements.

**Partial Compliance:** This status implies that the Trust (service team or area) is only partially compliant with the recommendations and will devise an action plan to close the gaps identified in the baseline assessment.

**Non Compliance:** This status implies that the Trust (service team or area) is non-compliant with the NICE recommendations and will devise an action plan to bring the Trust in alignment with best practice.

**Action Plan:** An action plan should be provided once a baseline assessment has been completed and it is established that:

1. It is relevant to the Trust
2. The Trust is non-compliant or partially compliant.

This should be completed on the electronic baseline assessment. Completion and implementation of action plans, is the responsibility of the identified Leads. Updates are to be provided regularly to the Quality Governance Support Officer as agreed, to ensure that the deadline for completion is met or where indicated, a rationale for extension of the timeframe is approved.

## 6. NICE Procedure

The designated Quality Governance Support Officer searches for and retrieves relevant NICE Guidance, Quality Standards and Technology Appraisals from the NICE website. ([www.nice.org](http://www.nice.org)) This will be done on a monthly basis.

### 6.1 Guidance and Quality Standards

These will be submitted to the Clinical Safety & Effectiveness group secretary to be issued as an agenda item prior to the meeting. The Clinical Safety & Effectiveness group agrees:

- which services the guidance is applicable to
- determine the risk to the organisation
- establishes an identified lead and the return date

The Quality Governance support officer will update the NICE Guidance spreadsheet and send out the relevant NICE Guidance, the Baseline assessment tool or Audit tool, and a Compliance Return form to the identified lead and the designated Quality Assurance Manager for the service.

The identified lead will undertake the assessment using the baseline assessment tool and return this together with the 'Compliance Return Sheet' and action plan and any updated policy, if required to the designated Quality Assurance Manager within stipulated timescale.

The NICE review will then be presented and discussed by the identified lead or delegate at the relevant Quality Assurance Group meeting for the service line and any action plan agreed.

The returns for each Guidance and Quality Standard from every identified lead will then be collated by the Quality Governance Support officer and an overall final action plan produced by the Deputy Medical Director or her appointed delegate.

The results will then be added the next Clinical Safety & Effectiveness group agenda. The Clinical Safety & Effectiveness group will then review the collated final returns and action plan from all service lines to decide if the NICE guidance/Quality

Standards will need to be added to the Clinical Audit programme requires a new policy/SOP or a revision of an existing policy/SOP.

The Clinical Safety & Effectiveness group requests HOC or Deputy Medical Director to liaise with identified leads if returns are not received within the stipulated time frames. NICE Guidance spreadsheet to be updated by the Quality Governance Support Officer and results will be captured in the minutes.

Quality Governance Support Officer updates the Clinical Safety & Effectiveness group on a monthly basis with progress of returns and compliance information.

Following the meeting, the Quality Governance Support Officer will update the NICE Guidance spreadsheet and the audit programme as applicable.

#### Actions

- Actions following the issuing of new NICE guidance are implemented by the Trust or the local services in accordance with the identified process.
- Policy or SOP development or amendments will be monitored and reviewed via the Clinical Safety & Effectiveness group monthly.
- All plans are monitored through local assurance groups to ensure the change is disseminated and happens within services. Any Trust wide action plans are monitored through Clinical Safety and Effectiveness Group.

#### Audit

- Following actions being implemented Key changes are assured through the clinical audit program.
- Completed Clinical Audits are monitored and reviewed by the Local Quality Assurance Group and Clinical Safety & Effectiveness group monthly.
- Audits are managed and monitored in accordance with LCHS audit process

#### Feedback

- Feedback to teams with reference to any changes in practice at all stages is completed by the service leads in the service the guidelines are applied. This is undertaken through local team meetings, the agenda of set assurance meetings and a

variety of additional information sharing route including clinical supervision and training, quality bulletins and verbal updates.

- Links to any relevant NICE guidance, or quality standards will be circulated via the Quality Bulletin.
- An index of all LCHS relevant guidance will be included on the LCHS intranet.

## **6.2 Technology Appraisals**

### **Medicines**

Technology appraisals involving medicines are reviewed by the Lincolnshire Prescribing and Clinical Effectiveness Forum (PACEF)/ Joint Lincolnshire Formulary Group on which a member of the LCHS medicines management team sits. Feedback from this group is to the LCHS Drugs and Therapeutics Committee.

### **Medical Devices**

The Quality Governance Support Officer checks for new Technology appraisals monthly and informs the Head of Medical Devices and Technology of any relevant technology appraisals. Any relevant appraisals would then be discussed at the Medical Devices Group.

## **7. References**

National Institute for Health and Care Excellence Implementing NICE guidance <https://www.nice.org.uk/about/what-we-do/into-practice/implementing-nice-guidance> (accessed 23/09/2020)

## **8. Appendices**

## Appendix A

# NICE GUIDANCE AND QUALITY STANDARD PROCESS

NICE Guidance is a standing agenda item on the Clinical Safety & Effectiveness group and local quality assurance groups.

↓	The Quality Assurance Support Officer to search for and retrieve relevant NICE guidance or Quality Standard from the NICE website. ( <a href="http://www.nice.org">www.nice.org</a> ) This will be done on a monthly basis.
↓	The Quality Assurance Support Officer will complete a 'NICE Review sheet' with details of guidance issued and populate the NICE Guidance spreadsheet. Review sheets and guidance will be submitted to the Clinical Safety & Effectiveness group secretary to be issued as an agenda item prior to the meeting
↓	The Clinical Safety & Effectiveness group agrees: <ul style="list-style-type: none"><li>• which services the guidance is applicable to</li><li>• determine the risk to the organisation</li><li>• establishes an identified lead and the return date</li></ul> The designated Quality Assurance Support Officer updates the NICE Guidance spreadsheet.
↓	The Quality Assurance Support Officer will send out the NICE Guidance, the Baseline assessment tool or Audit tool, and a Compliance Return sheet to the identified lead.
↓	The identified lead will undertake the assessment using the baseline assessment tool and return this together with the 'Compliance Return Sheet' and action plan and any updated policy, if required to the designated Quality Assurance Manager within stipulated timescale. The results will then be added the next Quality Assurance group agenda.

	The Quality Assurance Group will then confirm the action plan and the collated results for all service lines will then be added to the next Clinical Safety & Effectiveness group agenda.
↓	The Clinical Safety & Effectiveness group will then review returns from all service lines and confirm the action plan and whether if the NICE guidance will need to be added to the Clinical Audit programme
↓	Clinical Safety & Effectiveness group to identify HOC to liaise with identified leads if returns are not received within the stipulated time frames. NICE Guidance spreadsheet to be updated by Quality Assurance Support Officer r and results will be captured in the minutes.
↓	Quality Assurance Support Officer to update the Clinical Safety & Effectiveness group on a monthly basis with progress of returns and compliance information.
↓	Following the meeting, the designated Quality Assurance Support Officer will update the NICE Guidance spreadsheet and the audit programme as applicable.

## Appendix B Equality Analysis

### Equality Impact Analysis Screening Form

Title of activity	Implementation of NICE outputs		
Date form completed	23/09/2020	Name of lead for this activity	Janine Elson

Analysis undertaken by:		
Name(s)	Job role	Department
Janine Elson	Deputy Medical Director	

What is the aim or objective of this activity?	Ensure implementation of all NICE outputs to ensure evidenced based care for all.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Patients, Carers

#### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Marriage & civil partnerships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Pregnancy & maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed

<b>Sex</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
<b>Sexual Orientation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed
<b>Additional Impacts</b> <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensures that evidenced based care is followed

If you have ticked one of the above equality groups please complete the following:

**Level of impact**

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

**Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: