

From the Chief Medical Officer
Dr Michael McBride

Circular HSC (SQSD) 3/13

Subject: NICE Clinical Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland

For action by:

Chief Executive of HSC Board – **for distribution to:**

All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care to also cascade to:
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade
to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant
staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:

Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
Chief Executive Patient and Client Council
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NICPLD
Chief Executive, NIPEC
Chief Executive, NISCC
NICE Implementation Facilitator NI
Members of NI NICE Managers' Forum

Summary of Contents:

The purpose of this circular is to explain the new arrangements for the endorsement, implementation, monitoring and assurance of NICE clinical guidelines in NI

Enquiries:

Any enquiries about the content of this Circular should be addressed to:
Standards & Guidelines Quality Unit
DHSSPS
Room D1.4
Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

SGU-NICEguidance@dhsspsni.gov.uk

Circular Reference: HSC (SQSD) 3/13

Date of Issue: 11th December 2013

Related documents:
HSC (SQSD) 2/13

Superseded documents
HSC (SQSD) 04/11

Status of Contents:
Action

Implementation:
Effective from Wednesday 18th December 2013

Additional copies:
Available to download from
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-guidance.htm>

Dear Colleagues

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE) CLINICAL GUIDELINES – PROCESS FOR ENDORSEMENT, IMPLEMENTATION, MONITORING AND ASSURANCE IN NORTHERN IRELAND

Introduction

1. This circular, along with Circular HSC (SQSD) 2/13, updates and replaces Circular HSC (SQSD) 04/11 which set out the process for the endorsement, implementation, monitoring and assurance of NICE Technology Appraisals and Clinical Guidelines in Northern Ireland (NI). This circular sets out the new NI process for NICE Clinical Guidelines, which relate to specific diseases and/or groups of patients/clients.
2. The new arrangements will be effective from **Wednesday 18th December 2013** and will apply to all HSC organisations, including Family Practitioners. It should also be noted by independent health and social care providers.
3. It will be the responsibility of HSC organisations, under the statutory duty of quality as specified in Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, to put in place the necessary systems, which should include adequate and comprehensive dissemination, as part of their clinical and social care governance arrangements, for implementing NICE guidance.

Background

4. NICE is a Non Departmental Public Body tasked with producing national guidance on the promotion of good health and the prevention and treatment of ill health, as well as having recently taken on responsibility for developing guidance and quality standards in social care.

5. NICE guidance to promote clinical excellence and the effective use of resources for people using the NHS is designed for use in England and, as such, does not automatically apply in NI.
6. The Department established formal links with NICE on 1 July 2006 whereby guidance published by the Institute from that date would be locally reviewed for applicability to Northern Ireland and, where appropriate, endorsed for implementation in Health and Social Care (HSC). This link has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence-based guidance on the value of health care interventions.

NICE Process

Departmental review of NICE Clinical Guidelines for applicability to Northern Ireland

7. On the fourth Wednesday of each month and at times on additional dates, NICE publishes its Clinical Guidelines triggering the Departmental review process.
8. The Departmental review is not a reassessment of the clinical and cost evidence used by NICE in forming its advice. NICE guidance will be proofed by the Department only to check for legal, policy and financial consequences related to its implementation in NI. As a result, the guidance may be endorsed with caveats to advise local HSC organisations of any equivalent legislation/policy or any specific instructions/requirements.
9. The Department will continue to use the NICE costing templates, where available, to produce costing estimates for implementing each piece of guidance. These are based on the position in England so where the Department is aware of higher incidence of a disease/condition in NI, adjustments can be made to the cost.
10. As part of the equality screening process, the Department will continue to issue all Clinical Guidelines to all organisations who agree to participate in the consultations on equality and human rights. All consultations will also be made available on the Department's website.

11. The local Departmental review of the majority of Clinical Guidelines is expected to be complete within 8 weeks of publication by NICE. As soon as the local review is complete, endorsement decisions will be published on the Department's website. Guidance will have links to appropriate caveats where these apply. If a piece of NICE guidance is not applicable to NI, then this will be highlighted and an explanation provided.
12. Following endorsement, the Department will issue a circular directly to the HSC Trusts and other relevant providers and stakeholders at the same time as the HSC Board / Public Health Agency (PHA). The HSC Board will ensure that relevant guidance is sent to the appropriate Family Practitioners. The Regulation and Quality Improvement Authority (RQIA) will disseminate guidance to the independent sector as appropriate.

Commissioning and implementing NICE Clinical Guidelines

13. The HSC Board / PHA, on receipt of the Departmental circular, will identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams.
14. The Professional Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
15. On receipt of the Departmental circular, HSC Trusts will proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation. Parts of the guidance may already be established practice and so a baseline review is recommended. It is also recognised that it may not be appropriate for a HSC Trust to implement every single recommendation. A risk based assessment can be used to ensure that all significant safety and quality improvements are achieved. Baseline reviews will only be used to assist HSC Trusts with implementation; they will not be required to be shared with the HSC Board.

These initial actions should be undertaken within a 3 month period and the HSC Board will seek positive assurance on targeted dissemination, agreement of a clinical/management lead and implementation planning at bi-monthly director level meetings with HSC Trusts. If planning identifies any longer term complex issues then they should be raised at this point.

16. Clinical Guidelines can cover broad aspects of clinical practice and service delivery and, as such, can often be complex and have financial and, sometimes, wider strategic implications. The working assumption is that HSC Trusts will implement Clinical Guidelines within a further 9 months following the initial 3 month planning period after the DHSSPS issued the guideline. The HSC Board will seek positive assurance that implementation has been achieved at bi-monthly director level meetings with HSC Trusts.
17. It is recognised that the implementation of aspects of a Clinical Guideline may be beyond an individual HSC Trust. This might arise through cost or wider strategic implications. In such cases, HSC Trusts will raise these with the HSC Board at the bi-monthly director level meetings. This provides a further opportunity during the 9 month implementation stage to highlight any complex issues that had not been foreseen during the 3 month planning period.
18. Where regional commissioning / investment is required, the timescale for implementation may take longer than 9 months dependent on the complexity and scale of the issue, available resource and other existing commissioning priorities. Commissioning arrangements for these should be agreed through negotiations between the HSC Board/PHA and Trusts. Depending on the nature of the issues identified, there may be benefit in the establishment of a regional group, led by the HSC Board or PHA, or a Trust collaborative, led by an appropriate Trust, or the NI NICE Managers' Forum may be able to resolve certain issues.

NICE Implementation Facilitator for Northern Ireland

19. The NICE Implementation Facilitator for Northern Ireland will support the local implementation of NICE guidance. They will work with all HSC organisations to raise awareness of NICE guidance, of NICE implementation support tools and how HSC organisations could utilise them to support quality improvement.

20. In line with the recommendation from the RQIA baseline review of the implementation process in HSC organisations that a network should be established which would include NICE implementation leads from both commissioning and providing organisations, to discuss common issues and share good practice in the implementation of NICE guidance, the NICE Implementation Facilitator for Northern Ireland has established the NI NICE Managers' Forum.

Monitoring and Assurance

21. The HSC Board will be responsible for monitoring implementation of NICE guidance within the HSC.
22. The HSC Board hold bi-monthly director level meetings with the HSC Trusts where the implementation of NICE guidelines is a standing item on the agenda. All HSC Trusts are required to provide positive assurance that the initial required actions of targeted dissemination, identification of a clinical/management lead and implementation planning have taken place. This is in addition to the positive assurance that will be sought on implementation.
23. Prior to each bi-monthly meeting, the HSC Board will provide HSC Trusts with lists of the Clinical Guidelines on which positive assurance will be sought on the initial required actions and separately on implementation. Minutes of these meetings will record Trust assurances.
24. The HSC Board will provide assurances on implementation at six monthly accountability meetings with the Department. The HSC Trusts will provide assurances at accountability meetings with the Department on an exceptional basis where issues have been identified.
25. The RQIA inspections against the 'Quality Standards for Health and Social Care' will include, at a high level, the implementation process for NICE guidance by both commissioners and HSC Trusts. In addition, RQIA will lead on assessing the implementation of Clinical Guidelines. After an appropriate period for older guidance or when monitoring has confirmed implementation, the

the Department, in consultation with RQIA, will select 1-2 clinical guidelines each year on which RQIA will carry out and report on a detailed review.

26. The Department will require the HSC Board to formally report annually on the progress made generally in commissioning services in accordance with NICE guidance endorsed by the Department.
27. Should the Department, the HSC Board, the Public Health Agency or RQIA identify any concerns about the implementation of NICE guidance, then the issue will be added to the agenda of the next 6-monthly Accountability meeting with the appropriate organisation.

NICE Consultations and Stakeholder Registration

28. NICE undertakes extensive literature reviews to ensure the robustness of its guidance. In areas where Northern Ireland is at the cutting edge and particularly where services cross health and social care, it is important that we contribute to NICE research at the scoping stage. It is also crucial to comment at the consultation stage as there is no opportunity to influence the guidance once it is published. All HSC Trusts are strongly encouraged to register as stakeholders with NICE so that they can submit any expert comments they may have. The Trusts and healthcare professionals should register to receive the Institute's e-newsletter to be kept informed of all NICE activities and guidance in development.
29. The success of the new process depends on everyone playing their part and in particular on good communication and effective clinical leadership. Through working together co-operatively and making the most of evidence based best practice, we can achieve the best outcomes for the people of Northern Ireland.

Enquiries

30. Any queries relating to this circular should be directed to Standards and Guidelines Quality Unit, D1, Castle Buildings, Stormont, Belfast, BT4 3SQ, or e-mail: SGU-NICEGuidance@dhsspsni.gov.uk

A handwritten signature in black ink, appearing to read 'Michael McBride', written in a cursive style.

DR MICHAEL McBRIDE
Chief Medical Officer