
NICE GUIDANCE POLICY

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This Policy sets out the framework for the management and implementation of NICE guidance within Solent NHS Trust.
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Document Manager (Job Title)	Quality Improvement and Clinical Effectiveness Manager
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1		1	Title changed from "Implementation of National Guidance Policy"	09/17
2		5 and Appendix A	3.4 Prioritisation of NICE guidance introduced.	09/17
3		7	4.10 Reporting changed from Assurance to QIR group	09/17
4		8	10. Glossary added	09/17
Version 5	Covid-19 Level 4 National Emergency	1	Version 4 changed to 5, amended as a response to COVID-19 Level 4 Gold Command; addition of paragraph in section 3 regarding Covid19 guidance and development of summaries	April 2020

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
4	09/17	Colin Barnes	Clinical Effectiveness and Improvement Group Policy Steering Group	
5	April 2020	Sarah Williams	Approval as part of the Covid-19 review of policies	Insertion of overarching Emergency Statement and expiry extended to March 2021

SUMMARY OF POLICY

To provide effective evidence based healthcare the National Institute of Health and Care Excellence (NICE) is an independent organisation, responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE guidelines (including quality standards) ensure promotion of good health and good care for people who use services, and are in line with the best available evidence of clinical effectiveness and cost effectiveness.

NICE guidance and quality standards make evidence based recommendations on a wide range of topics, from preventing and managing specific conditions to planning broader services and interventions to improve the health of communities.

NICE Technology Appraisals are statutory guidance for which NHS healthcare services must make funding available and implement within three months of their date of issue. All other guidance, guidelines and quality standards are non-binding advice intended to assist the NHS in exercising its statutory duties.

From 2015, NICE measures and standards have been used to inform the Care Quality Commission's (CQC) assessment of provider organisations as a key line of enquiry:

'How are relevant and current evidence-based guidance, standards, best practice and legislation identified and used to develop how services, care and treatment are delivered?'

This policy has been developed to ensure that the Trust has a systematic approach for the review, implementation and monitoring of compliance of NICE guidance.

Table of Contents

Contents

.....	1
1. INTRODUCTION & PURPOSE	5
Introduction	5
Purpose	5
2. SCOPE	5
3. PROCESS/REQUIREMENTS	5
4. ROLES & RESPONSIBILITIES	6
CEI Team	6
Service Line – decision-making groups	7
Clinical Effectiveness and Improvement Group.....	7
Quality Improvement and Risk Committee	7
5. TRAINING AND INDIVIDUAL SUPPORT.....	7
6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY.....	7
7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS.....	8
8. REVIEW.....	8
9. REFERENCES AND LINKS TO OTHER DOCUMENTS.....	8
10 GLOSSARY.....	8
APPENDIX A.....	9
Appendix: B Equality Impact Assessment	10

NICE: Implementing best practice guidance

Gold command: Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step down date when normal policy and procedures will resume.

1. INTRODUCTION & PURPOSE

Introduction

- 1.1 The National Institute for Health and Care Excellence (NICE) is an independent organisation whose role is to improve outcomes for people using the NHS and other public health and social care services. This is achieved by:
- Producing evidence-based guidance and advice for health, public health and social care practitioners.
 - Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
 - Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Purpose

- 1.2 The purpose of this policy is to ensure that Solent NHS Trust meets its obligations in disseminating, implementing and monitoring compliance with NICE Guidance. It sets out the processes and responsibilities for the management of NICE Guidance.

2. SCOPE

- 2.1 This document applies to all staff directly and indirectly employed within Solent NHS Trust and other persons working within or on behalf of the organisation in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.
- 2.2 This Policy also applies to students, volunteers, patients, carers and members of the public working with, or for the organisation.

3. PROCESS/REQUIREMENTS

COVID-19 – Level 4 – Gold Command

During a time that the NHS is operating under Gold Command, NICE guidance specific to the issue will be sent to Professional Leads, Medical Directors and the Chief Nurse to disseminate appropriately within the Service Line. If appropriate, a Summary of the guidance will be developed by the Clinical Effectiveness Team for information sharing purposes.

- 3.1 The flowchart in Appendix A of this policy outlines the process for dissemination and monitoring implementation of guidance. These are further described within the roles and responsibilities section (section 4) of this policy.
- 3.2 The Clinical Effectiveness & Improvement Team (CEI) disseminate lists of newly published and revised NICE Guidance to each service line representative, by the fifth working day of each month.
- 3.3 The service line is expected, through their Professional Leads, to determine the level of relevance for each new or revised guidance and report back to the CEI Team. (see Appendix A).
- 3.4 Where a piece of guidance is determined as relevant, there are three levels Priority 1, Priority 2 and Priority 3.

Priority 1: this is where the theme within the guidance forms part of the day-to-day working of the service. A Baseline Assessment must be undertaken to determine the level of compliance with the guidance. For areas of non-compliance actions must be taken and monitored by the relevant group, forum or Committee within the service line to ensure compliance is met. The Baseline Assessment and associated actions should be copied to the CEI as part of the Trust's record keeping process.

Priority 2: this is where some limited aspects of the guidance are relevant to the overall working of the service and therefore, a Baseline Assessment need only be completed based on proportionate relevance. This should be judged not only on the number of relevant items but also the importance of each specific item. As with Priority 1, any actions should be taken and monitored in keeping with the governance processes within the service line.

Priority 3: This applies to guidance that might be considered more 'of interest' and should therefore be distributed across the service by the governance lead for awareness.

- 3.5 The decision regarding the level of relevance must be communicated by email to the CEI team for record keeping purposes within one month of receiving the email regarding the new or revised guidance.
- 3.6 Where guidance is judged by the CEI team to be non-clinical, the CEI team will liaise with the relevant corporate team to follow the processes described above.

4. ROLES & RESPONSIBILITIES

CEI Team

- 4.1 The CEI Team have overall responsibility for the dissemination of monthly new or revised NICE Guidance. The CEI team will disseminate the list of NICE guidance to Professional Leads and/or nominated representatives within each service line by the 5th working day of each month.
- 4.2 When guidance is deemed Priority 1 by a service line, the CEI team will provide a baseline assessment tool to a nominated individual within the service line.

- 4.3 The CEI Team will maintain records regarding the relevance level and completed baseline assessments. These will be held in readiness if requested for any internal or external reporting or monitoring purposes.

The Clinical Effectiveness and Improvement team can be contacted at:
Clinicalaudit.evaluation@solent.nhs.uk

Service Line – decision-making groups

- 4.4 The Service Line will determine where the decision is made as to the priority level of each individual piece of guidance (as per Appendix A, page 8). The CEI team **must** be informed of the outcome of the decision regarding the level of relevance.
- 4.5 It is the responsibility of each service line to nominate an individual to carry out the Baseline Assessment if it is decided the guidance is Priority 1. The service line is responsible to implement any actions arising as a result of non-compliance with the baseline assessment.
- 4.6 Each Service Line will determine the level of significance of any non-compliance and deal with this accordingly e.g. inclusion on the service risk register.
- 4.7 Each service line will identify the need to use quality improvement methodologies following the baseline assessments. Where non-compliance is identified, and action taken, services may wish to undertake a clinical audit or quality improvement project in order to evidence improvement. This work may be undertaken by anyone working for, with, or on behalf of the Trust as determined by the Service Line.
- 4.8 Service Lines will be expected to identify ways of sharing their learning throughout their service but also participate in any trust-wide sharing of learning e.g. through their attendance and reporting at the Trust's Clinical Effectiveness and Improvement Group.

Clinical Effectiveness and Improvement Group

- 4.9 The Trust's Clinical Effectiveness and Improvement Group whose membership comprises representation from all Service Lines, oversees the record keeping process for NICE.

Quality Improvement and Risk Committee

- 4.10 The Trust Quality Improvement and Risk (QIR) Committee, and on exception the Trust Assurance group for specific issues, are responsible for providing assurance to the Trust Board that NICE guidance is being adhered to in keeping with national requirements. This is evidenced by documenting the relevance and compliance on the NICE spread-sheet.

5. TRAINING AND INDIVIDUAL SUPPORT

- 5.1 Training and individual support is available, as required, from the CEI team to support staff undertaking NICE baseline assessments.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 The implementation of this Policy will ensure that effective and evidence-based best practice is followed so that the risk of breaching any equality and human rights standards is minimised.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Awareness of and compliance with up-to-date NICE guidance will be monitored by the CEI team in conjunction with the Professional Leads for each service line.
- 7.2 The following will be evidenced as a measure of success:
- The maintenance of the NICE database will show compliance with the process
 - Action plans and Risk Registers will be available from service lines including actions relating to NICE guidance
- 7.3 The CEI Team will include NICE monitoring information as part of their reporting to the QIR Committee, the frequency of which will be determined by the QIR Committee. The reporting will include any non-compliance with the policy.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

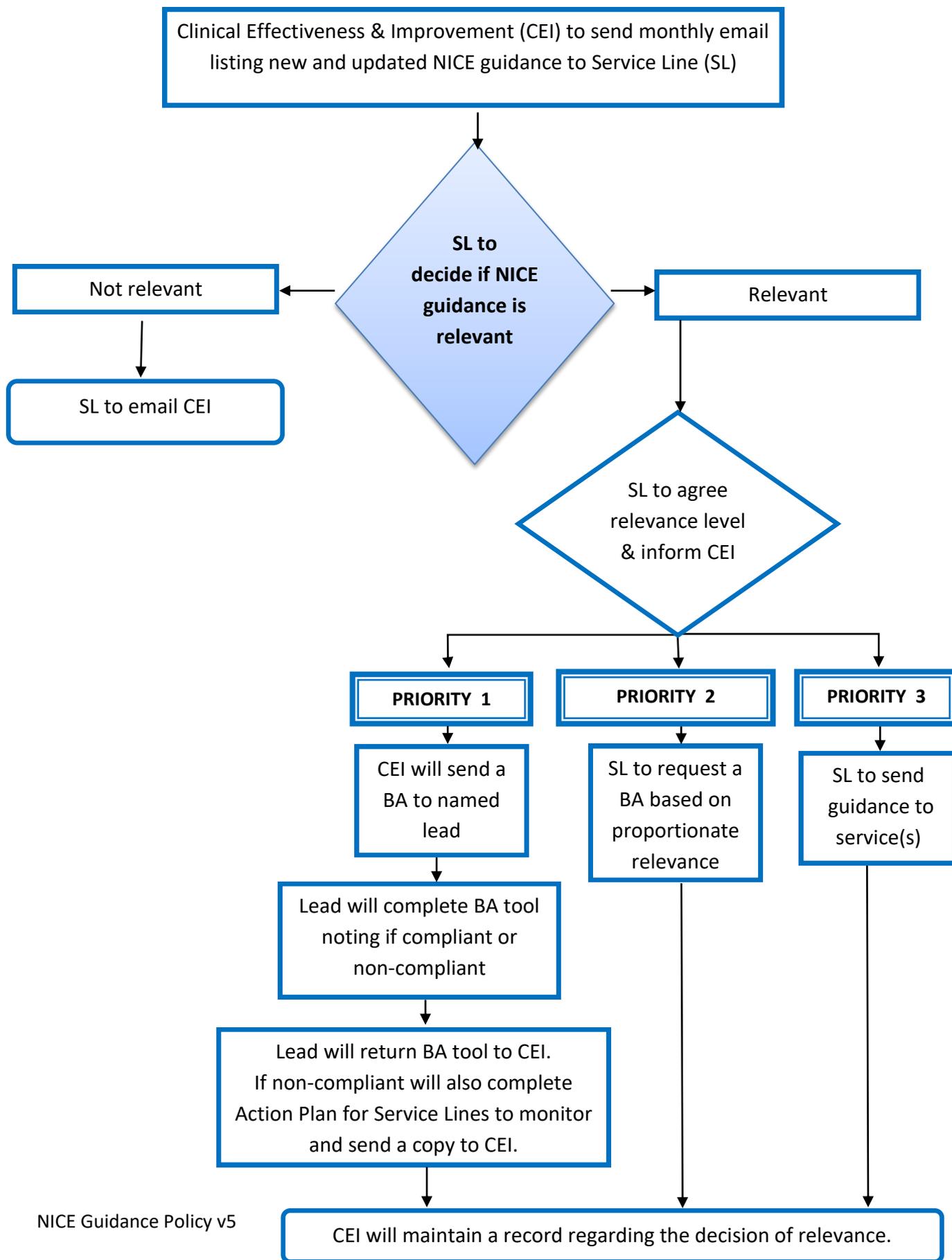
9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 This policy should be read in conjunction with the Trust's Clinical Effectiveness Policy
- 9.2 Staff are encouraged to visit the NICE website: <https://www.NICE.org.uk>

10 GLOSSARY

BA	Baseline Assessment for measuring baseline compliance with NICE guidance.
CEI	The Trust Clinical Effectiveness and Improvement Team.
NICE	The National Institute of Health and Care Excellence.
QIR	The Trust Quality Improvement and Risk Group.
SL	Service Line

FLOWCHART FOR MANAGEMENT OF NICE GUIDANCE



Step 1 – Scoping; identify the policies aims	Answer		
1. What are the main aims and objectives of the document?	To ensure the review and implementation of NICE guidance		
2. Who will be affected by it?	All directly employed staff and those working with, or on behalf of Solent NHS Trust.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Compliance with NICE guidance		
4. What information do you already have on the equality impact of this document?	Previous approved policy		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	N/A		
Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully impact against any group?		✓	
2. Can any group benefit or be excluded?		✓	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		✓	
4. Can this actively promote good relations with and between different groups?	✓		Where guidance applies to a number of services
5. Have you carried out any consultation internally/externally with relevant individual groups?		✓	N/A as identified as 'best practice'
6. Have you used a variety of different methods of consultation/involvement		✓	N/A
Mental Capacity Act implications		✓	
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		✓	

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

****Retain a copy and also include as an appendix to the document****