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## NICE GUIDANCE POLICY

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Purpose of Agreement	This Policy sets out the framework for the management and implementation of NICE guidance within Solent NHS Trust.
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/CLS05
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Document Sponsor (Job Title)	Associate Director of Research & Improvement
Document Manager (Job Title)	Head of Improvement
Document developed in consultation with	Heads of Quality and Professions, Service line audit and NICE leads, Learning, Effectiveness & Improvement Group, Regional NICE advisor
Intranet Location	Business Zone > Policies, SOPS and Clinical Guidelines
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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
Version 6		6-8	Throughout document reference made to Heads of Quality and Professions. New section added to page 7 on technology appraisals provided by Chief Pharmacist. Section on reporting updated to reflect exception reporting through LEIG, QIR and assurance.	February 2021

## 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
6	February 2021	Colin Barnes	Policy Steering Group, Clinical Executive Group	Minor amendments made in liaison with Chief pharmacist, key HQPs, Clinical effectiveness team and Associate Director. Review of NICE process included consultations with other community trusts and regional NICE advisor.

## 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 guidance (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 asking:

*'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?'*

Additional statements added to NICE Key Lines of enquiry in 2018 state:

*Care, treatment, and support should be delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.*

*We expect registered providers and managers to take account of other nationally recognised guidance that might be specific to the services they deliver.*

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.

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## NICE: Implementing best practice guidance

**National Emergency Gold command:** Staff are expected to adhere to the processes and procedures detailed within this policy. During times of National Emergency Gold command 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 policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

### 3. PROCESS/REQUIREMENTS

#### COVID-19 – National Emergency Gold Command

During a time that the NHS is operating under Gold Command, NICE guidance specific to the issue will be sent to Heads of Quality and Professions, 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 (CE Team) disseminate the list of new and revised NICE Guidance published each month to each service line representative, by the fifth working day of the following month. The role of service line representative is taken or appointed by the service line Head of Quality and Professions (HQP).
- 3.3 The service line representative is expected to determine the level of relevance for each new or revised guidance and report back to the CE Team. (see Appendix A).
- 3.4 Where a piece of guidance is determined as relevant, there are three priority levels defined as Core, Partial & Awareness.

**Priority 1 Core:** 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 must be sent to the CE Team as part of the Trust's record keeping process.

**Priority 2 Partial:** 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 by the service line, not only on the number of relevant items but also the importance of each specific item. As with Priority 1 Core relevance guidance, any actions should be monitored in keeping with the governance processes within the service line.

**Priority 3 Awareness:** This applies to guidance that might be considered more 'of interest' and should therefore be distributed across the service by the HQP or service line representative for awareness.

- 3.5 The decision regarding the level of relevance must be communicated by email to the CE team within one month of receiving the email regarding the new or revised guidance.
- 3.6 Where guidance is judged by the CE team to be specific to corporate services, the CE team will liaise with the relevant corporate team to follow the processes described above.
- 3.7 **Technology Appraisals (TA's)**

Medicines technology appraisals (TA's) are reviewed in the first instance through the area prescribing committees. Solent NHS Trust spans two area prescribing committees: 'The Area Prescribing Committee' for Portsmouth and South East Hampshire and 'The District Prescribing Committee' for Southampton, West, and North Hampshire. Solent NHS Trust has Chief Pharmacist representation at each of these committees.

Following presentation and consideration at these committees, a decision is made for adoption onto the relevant formularies which are then updated and fully available on the internet. The Chief Pharmacist will then bring a report from the relevant prescribing committee back to the Trust's Medicines Management Group for noting and discussion. The

communication and dissemination cascade from the medicines management group is used to communicate these NICE documents within the Trust where appropriate.

#### 4. ROLES & RESPONSIBILITIES

##### **Clinical Effectiveness (CE) Team**

- 4.1 The CE Team have overall responsibility for the dissemination of monthly new or revised NICE Guidance. The CE team will disseminate the list of NICE guidance to HQP's or nominated representatives within each service line by the 5<sup>th</sup> working day of each month.
- 4.2 When guidance is deemed of Core relevance by a service line, the CE team will provide a baseline assessment tool to a nominated individual within the service line.
- 4.3 The CE Team will maintain records regarding responses to the monthly email, any identified relevance levels 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](mailto: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 10). The CE 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 of Core relevance.  
  
The service line is responsible for implementing 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 Learning, Effectiveness and Improvement Group.

#### 5. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 5.1 Awareness of and compliance with up-to-date NICE guidance will be monitored by the CE Team in conjunction with the Heads of Quality and Professions or nominated representatives for NICE for each service line.

The following evidence will be maintained by the CE Team:

- record of responses to the monthly email
- NICE record for each service line which comprises (i) a list of any guidance that has been given a level of relevance, (ii) which baseline assessments have been completed for Core guidance, (iii) the percentage compliance result of completed baseline assessments.

Records of relevance and compliance by service line are maintained on the Clinical effectiveness pages of SolNet.

Service lines may maintain Action plans and Risk Register entries relating to NICE guidance where appropriate.

## **6. REPORTING TO BOARD AND COMMISSIONERS**

The Head of Improvement is responsible for reporting on NICE. They report concerns, developments, and opportunities in relation to NICE to the Trust Learning Effectiveness and Improvement group (LEIG). These are in turn reported as exceptions to the QIR group by the Associate Director of Research and Improvement. NICE exception reporting is also included in 6 monthly reporting to the Trust assurance group.

## **7. TRAINING AND INDIVIDUAL SUPPORT**

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

## **8. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

- 8.1 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.
- 8.2 An Equality Impact Assessment has been completed, and no negative impacts identified.

## **9. REVIEW**

- 9.1 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.

## **10. REFERENCES AND LINKS TO OTHER DOCUMENTS**

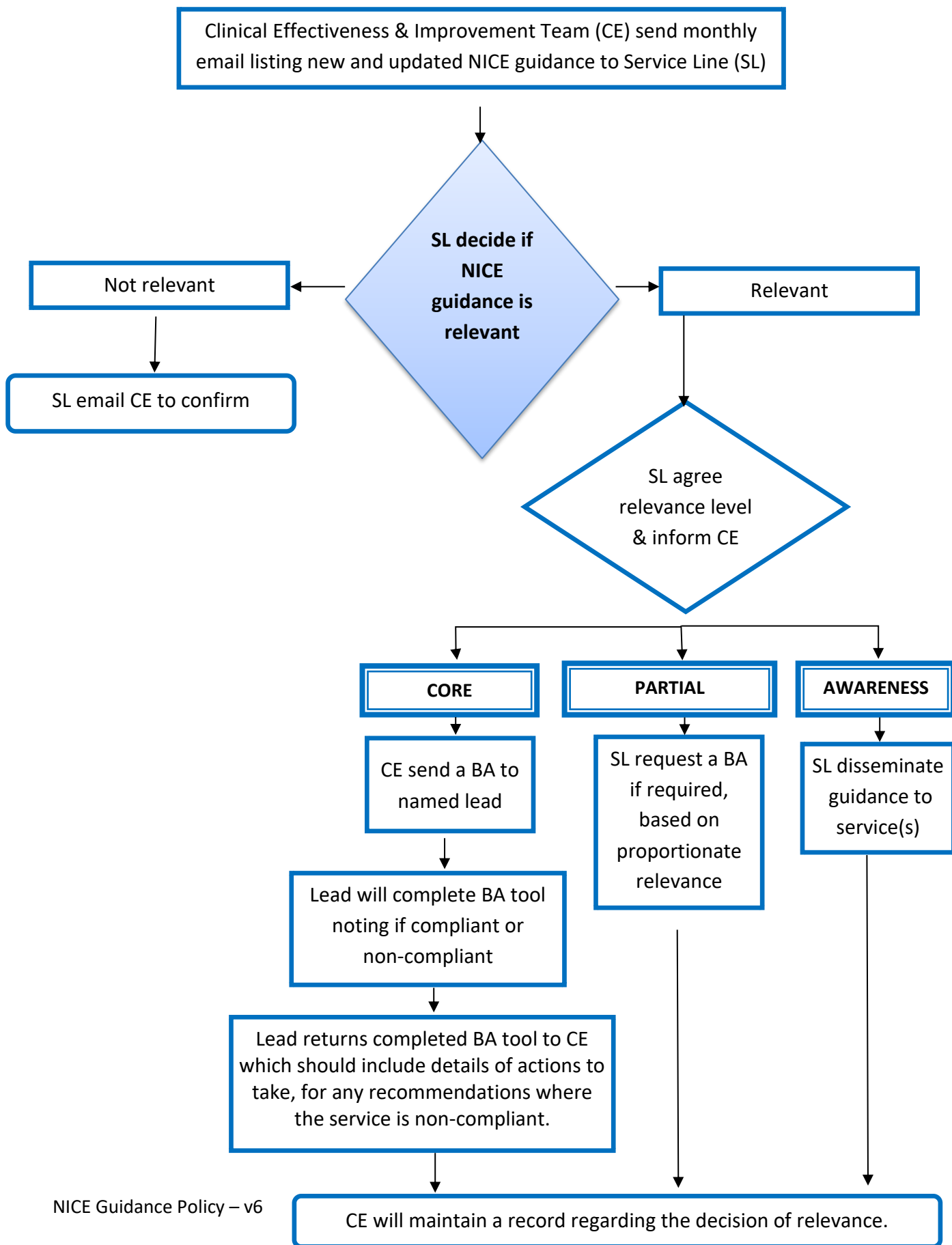
- 10.1 This policy should be read in conjunction with the Trust's Clinical Effectiveness Policy
- 10.2 Staff are encouraged to visit the NICE website: <https://www.NICE.org.uk>



## 11. GLOSSARY

<b>BA</b>	Baseline Assessment for measuring baseline compliance with NICE guidance
<b>CE Team</b>	The Trust Clinical Effectiveness and Improvement Team
<b>HQP</b>	Heads of Quality and Professions
<b>LEIG</b>	Learning Effectiveness and Improvement Group
<b>NICE</b>	The National Institute of Health and Care Excellence
<b>QIR</b>	The Trust Quality Improvement and Risk Group
<b>SL</b>	Service Line

### FLOWCHART FOR MANAGEMENT OF NICE GUIDANCE



## Equality Impact Assessment (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	Corporate/Academy of Research and Improvement	
Title of Change:	Update to NICE Guidance Policy CLS05	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To update policy in line with current practice and add process for technology appraisals via medicines management.	

### Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex			Not applicable	
Gender reassignment			Not applicable	
Disability			Not applicable	
Age			Not applicable	
Sexual Orientation			Not applicable	
Pregnancy and maternity			Not applicable	
Marriage and civil partnership			Not applicable	
Religion or belief			Not applicable	
Race			Not applicable	

*If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.*

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	I consulted with NICE leads for key service lines, members of the CE team, the regional NICE coordinator and local trusts who also administer NICE. The update in relation to technology appraisals was provided by the chief pharmacist.
Have you taken into consideration any regulations, professional standards?	Yes	I have included the most up to date requirements from CQC re the use of guidance.

### Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
What action needs to be taken to reduce or eliminate the negative impact?	■	□	□
Who will be responsible for monitoring and regular review of the document / policy?	Regular monitoring of use and compliance with NICE is reported as detailed in the policy The CE team and Head of Improvement in the Academy of Research and Improvement		

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

Equality Assessor:	Dr Colin Barnes, Head of Improvement	Date:	04/02/2021
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