1. Introduction

The Policy sets out the procedures to be followed throughout the Trust to monitor the implementation of guidance published by the National Institute for Health and Care Excellence (NICE).

2. Scope

This policy is intended for all Trust staff involved with the implementation of NICE guidance. It should be read in conjunction with the Introduction and Development of New Clinical Interventional Procedures, Clinical Audit Policy and Clinical Practice Guidelines & Protocols policy.

The policy covers all guidelines issued by NICE: Technology Appraisals (TAGs), Interventional Procedures (IPGs), Clinical Guidelines (CGs / NGs), Public Health Interventional guidelines (PHls), Medical Technology Guidelines (MTGs), Diagnostic Guidelines (DTGs), Quality Standards (QSs), Highly Specialised Technical Guidelines (HSTs), Medicine Practice Guidelines (MPGs) and Staffing Guidelines (SGs).

3. Aims

The Policy aims to ensure that all recommendations from NICE are considered by the appropriate area(s) within the Trust and that any mandatory recommendations are implemented in a timely and effective manner. It sets out the processes to be followed, the roles and responsibilities involved and the escalation processes for areas of risk.

4. Roles and Responsibilities

4.1 Medical Director

Ultimately, responsibility for the implementation of NICE guidance rests with the Medical Director who maintains an overview of the implementation of NICE guidance and provides advice and guidance in relation to NICE guidance in which the Trust is non-compliant.

4.2 Clinical Governance and Risk Department

The Department coordinates the implementation of NICE guidance by:
• disseminating guidance to key groups
• reviewing and informing stakeholders of prospective guidance being issued from NICE
• ensuring effective processes for monitoring
• producing regular board reports.

4.3 Clinical Effectiveness, Audit and Guidelines Committee (CEAGC)

The Clinical Effectiveness, Audit and Guidelines Committee (CEAGC) considers new guidance issued by NICE, except IPGs (see item 4.4 below and Appendix 3) to ensure:
• effective audit and monitoring arrangements are in place
• effective forward planning occurs and appropriate financial arrangements are in place
• that the Clinical Governance and Quality Committee is notified of any issues concerning non-compliance.

4.4 New Interventions Procedure Committee

• The Committee supports timely and suitably planned innovation.
• Reviews applications to undertake new procedures in the trust, considering the evidence base, whether there are adequate facilities, training for staff and information for patients.
• Makes a recommendation to the Clinical Governance and Quality Committee, which gives the final approval.

5. Definitions

5.1 TAGs are recommendations on the use of new and existing health technologies. As stated in the NICE publication “How to put NICE guidance into practice – a guide to implementation for organisations” (NICE 2005), the Secretary of State has directed that the NHS provides funding and resources for medicines and treatments that have been recommended by TAGs normally within three months from the date of publication.

5.2 IPGs cover the safety and efficacy of surgical and diagnostic procedures with the core standard stating that healthcare organisations should protect patients by following NICE IPGs.

5.3 CGs provide guidance on the appropriate treatment and care of people with specific diseases and conditions. Implementation of Clinical Guidelines forms part of the Care Quality Commission developmental standards.

5.4 PHIs provide guidance on the promotion of good health and the prevention of ill health.

5.5 DTGs are designed to help the NHS adopt efficient and cost effective medical diagnostic technologies more rapidly and consistently.
5.6 MTGs are designed to help the NHS adopt efficient and cost effective medical devices and diagnostics more rapidly and consistently, such as medical devices that deliver treatment such as those implanted during surgical procedures, technologies that give greater independence to patients, and diagnostic devices or tests used to detect or monitor medical conditions.

5.7 Quality Standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions.

5.8 HSTs are recommendations on the use of new and existing highly specialised medicines and treatments. The HST programme only considers drugs for very rare conditions.

5.9 MPGs provide recommendations for good practice for those individuals and organisations involved in governing, commissioning, prescribing and decision-making about medicines.

5.10 SGs provide recommendations for safe staffing including minimum ratios for certain settings.

6. **Implementation of NICE Guidance**

6.1 The Trust approach to the implementation of NICE guidance follows the principles set out in the NICE publication “How to put NICE guidance into practice – a guide to implementation for organisations” (NICE, 2005) with particular reference to the following key components:

- board support and clear leadership
- support from Clinical Governance and Risk Department to coordinate the process
- multidisciplinary committee structure to consider all new guidance
- systematic approach to financial planning
- systematic approach to implementing guidance
- evaluation and audit.

6.2 Systematic approach to financial planning

The Trust recognises the importance of clear financial planning in implementing NICE guidance. This is in accordance with the Audit Commission’s report “Managing of the financial implications of NICE guidance” (September 2005). In particular, the implications of Payment by Results on funding of NICE recommendations must be clearly understood.

The CEAGC seek clarification and assurances that appropriate assessments have been made by Directorates.
6.3 Systematic approach to implementing guidance

TAGs
- The process for ensuring that recommendations are acted upon throughout the Trust are set out in Appendix 1.
- Appendix 2 details the additional arrangements for drug-related TAGs.

IPGs
- Where a Directorate indicates that an IPG is applicable within the Trust, the process for ensuring that recommendations are acted upon throughout the Trust are set out in Appendix 3.
- Any doctor considering use in the NHS of a new interventional procedure which has not been used before, within this Trust, should seek the prior approval of the New Interventional Procedure Committee using the appropriate form which is available on the Trust intranet. They should state whether the procedure is the subject of NICE guidance as listed on the NICE website.
- If an IPG is not being currently used, but may be used in the future, then at the time of introduction, the lead clinician must ensure that it is discussed at the Clinical Governance and Quality Committee, and thereafter inform the Clinical Governance and Risk Department

CGs / NGs
- The implementation process for CGs, NGs, DTGs, MTGs, HSTs, MPG, PHIs and SGs is identified in Appendix 4.

Quality Standards
- The implementation process for QSs is identified in Appendix 4

6.4 Deviance from NICE Guidance

Where the lead clinician(s) for a specific guideline consider it to be inappropriate to follow the recommendations of NICE, e.g. the evidence base from which the recommendations are derived is considered to be insufficiently robust, it is essential that appropriate discussions are held within the Clinical Effectiveness, Audit and Guidelines Committee. The Committee will appraise the arguments before confirming or declining its support for the deviance from the guideline. Any deviances will be notified to the Chair, Clinical Governance and Quality Committee through the minutes of the Clinical Effectiveness, Audit and Guidelines Committee and entered on to the Risk Register.

7. Training

There are no specific training requirements identified for this policy.
8. **Equality and diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9. **Monitoring**

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Audit the process of implementation of the NICE guidelines</td>
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<td>Status</td>
<td>Clinical Effectiveness</td>
<td>CEAGC</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>report</td>
<td>Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any identified deficiencies in gap analysis to be included on</td>
<td></td>
<td>Status</td>
<td>Clinical Effectiveness</td>
<td>CEAGC</td>
<td>Six monthly</td>
</tr>
<tr>
<td>the Risk Register</td>
<td></td>
<td>Report</td>
<td>Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progress on the implementation of and compliance with NICE</td>
<td></td>
<td>Status</td>
<td>Clinical Effectiveness</td>
<td>Trust Board</td>
<td>Six monthly</td>
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<tr>
<td>guidelines</td>
<td></td>
<td>Report</td>
<td>Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Consultation and review**

The processes in this policy have been reviewed and agreed by Pharmacy, Finance, Clinicians and the Clinical Effectiveness, Audit and Guidelines Committee.

11. **Implementation (including raising awareness)**

Information about NICE guidelines, the implementation processes and the forms to be completed are available on the Trust’s intranet pages. All new NICE Guidelines are published in the Quarterly Clinical Guidelines Newsletter produced by CGARD.

12. **References**


13. **Associated Documents**

- The Newcastle Upon Tyne Hospitals NHS Foundation Trust *Clinical Audit Policy*
• The Newcastle Upon Tyne Hospitals NHS Foundation Trust Clinical Practice Guidelines & Protocols Policy
• The Newcastle upon Tyne Hospitals NHS Foundation Trust Introduction and Development of New Clinical Interventional Procedures
Appendix 1
Flow chart for Implementing Technology Appraisal Guidelines

* NICE guidance published monthly

Received in CGARD and posted on Clinical Guidelines Database

CGARD send guidelines to relevant Directorate Manager/Lead Clinician

*Lead Clinician to identify if guidance is relevant

YES (Endorsed)

NO (For reference)

Documented in CEAGC minutes and no further

CGARD record status on Trust Clinical Guidelines Database

Drug-related TAG goes to North of Tyne Area Prescribing Committee for ratification see Appendix 2

Non - Drug TAG

Lead Clinician undertakes gap analysis

Review of gap analysis are presented to Clinical Effectiveness, Audit and Guidelines Committee. (CEAGC)

Are there any stated areas of non-compliance?

YES

All non-compliant guidelines reviewed at monthly directorate clinical governance meetings

NO

Report filed for reference and monitoring

Risks should be registered on the Risk Register. Risks rated “high” or greater monitored on 6 monthly basis by CEAGC & Trust Board. Guidelines rated less than “high” risk to be reported in directorate’s annual report to the CEAGC.

Three months to provide funding
Appendix 2
Additional arrangements for drug-related Technology Appraisal Guidelines (TAGs)

NICE
Publish TAG

APC (Area Prescribing Committee) / NTAG for CCG commissioned drugs

NHS England – Specialist Services

Medicines Management Unit

Monitoring

Cost of implementation

< 50K

To Strategy Panel for Funding Approval

≥ 50K

To Trust Board for Funding Approval
Appendix 3
Flow chart for Implementing Interventional Procedure Guidelines

- NICE guidance published monthly
- Received in CGARD and posted on Clinical Guidelines Database
- CGARD send guidelines to relevant Directorate Manager/Lead Clinician
- Directorate Manager/Lead Clinician to advise whether guideline is undertaken within the Trust

Decisions:
- **Yes**: already undertaken (Endorsed)
- **No**: undertaken within the Trust
  - Not undertaken (For reference)
  - No further action required
  - Not undertaken but Lead Clinician wishes to commence undertaking procedure

Steps:
- Lead Clinician applies to New Interventions Procedures Committee to undertake procedure
- New Interventions Procedures Committee makes recommendation to Clinical Governance and Quality Committee
- Clinical Governance and Quality Committee makes final decision
- Lead Clinician informed of Committee decision
- CGARD revise status to Endorsed

* Directorate Manager/Lead Clinician responsible for disseminating the guidelines to colleagues
Appendix 4
Flow chart for Implementing NICE guidance and Quality Standards
(this does not include TAGs and IPGs)

1. NICE guidance published
   - Received in CGARD and posted on Clinical Guidelines Database
   - CGARD send guidelines to respective Directorate

2. Lead Clinician to identify if Guideline is relevant
   - Yes (Endorsed)
   - No further action required
     - No (For reference)

3. Lead Clinician undertakes gap analysis
   - Lead Clinician attends Clinical Effectiveness, Audit & Guidelines Committee (CEAGC) to discuss implementation and gap analysis

4. Are there any stated areas of non-compliance?
   - Yes
   - All non-compliant guidelines reviewed at monthly directorate clinical governance meetings
   - Report filed for reference
   - Risks should be registered on the Risk Register. Risks rated “high” or greater monitored on 6 monthly basis by CEAGC & Trust Board. Guidelines rated less than “high” risk to be reported in directorate’s annual report to the CEAGC.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: 28/01/2016

2. Name of policy / strategy / service:
   NICE Guidelines Implementation

3. Name and designation of Author:
   Chairman, Clinical Effectiveness, Audit and Guidelines Committee

4. Names & designations of those involved in the impact analysis screening process:

5. Is this a: Policy x Strategy Service  
   Is this: New  
   Revised x 
   Who is affected Employees x Service Users Wider Community

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   The Policy aims to ensure that all recommendations from NICE are considered by the appropriate area(s) within the Trust and that any mandatory recommendations are implemented in a timely and effective manner. It sets out the processes to be followed, the roles and responsibilities involved and the escalation processes for areas of risk.

7. Does this policy, strategy, or service have any equality implications?  Yes  No x
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   The policy does not discriminate against any individual or group with all elements of the NICE guidelines being implemented as appropriate.
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sex (male/ female)</td>
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<tr>
<td>Religion and Belief</td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<tr>
<td>Age</td>
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<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
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<tr>
<td>Gender Re-assignment</td>
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<tr>
<td>Marriage and Civil Partnership</td>
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<tr>
<td>Maternity / Pregnancy</td>
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</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes [ ]  No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)
PART 2

Name:
Dr I Haq, Chair, Clinical, Effectiveness, Audit and Guidelines Committee

Date of completion:
18/01/2016

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)