

Livewell Southwest

**National Institute for Health & Care
Excellence (NICE) Implementation and
Assurance Policy**

Version No.3
Review: July 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Author	NICE Assurance Lead Livewell Southwest
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Document review history

Version No.	Type of Change	Date	Originator of Change	Description of Change
0.1		December 2008		New policy
1.0		January 2009	Author	Minor presentation amendments & ratification
1:1	Reviewed	July 2011	Author	Reviewed, no changes made
1:2	Extended	June 2013	Author	Extended, no changes made.
2	Full Review	January 2014	Author	Full review of policy and major changes made. This is to reflect the NICE assurance process within Locality working and the new NICE and clinical audit coordination group.
2.1	Extended	June 2016	Information Governance , Records, Policies & Data Protection Lead.	Formatted to LSW and Extended
3	Review	May 2016	Author	Minor amendments made to processes / reporting

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National Institute for Health & Care Excellence (NICE) Implementation and Assurance Policy.

Introduction to NICE

- 1.1 The National Institute for Health and Care Excellence (NICE) is a Non Departmental Public Body that provides national guidance and advice to improve health and social care. Once NICE guidance is published, health professionals (and the organisations who employ them) are expected to take it fully into account when deciding what treatments to give people.
- 1.2 Implementing NICE guidance offers benefits to patients and carers, healthcare professionals and organisations. A clear process for the management of NICE guidance helps ensure that the care provided to patients is high quality and cost effective. It also helps organisations to meet standards set by the Care Quality Commission

1. Purpose of this policy

- 2.1 The purpose of this policy is to outline the process for the management of NICE guidelines across LSW. The document aims to identify how LSW supports the implementation of NICE guidance across its services with the provision of documented evidence to support this (assurance).

2. Definitions

- 2.1. NICE currently publish the following types of guidance;

Type	Description
Guidelines (NG)	NICE guidelines 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. They aim to promote integrated care where appropriate
Diagnostic guidance (DG)	These focus on the evaluation of innovative medical diagnostic technologies in order to ensure that the NHS is able to adopt clinically and cost-effective technologies rapidly and consistently.
Interventional procedures guidance (IPG)	These recommend whether interventional procedures - such as laser treatments for eye problems or deep brain stimulation for chronic pain - are effective and safe enough for use in the NHS.
Medical technologies guidance (MTG)	These address specific technologies notified to NICE by manufacturers. The 'case for adoption' recommendations are based on the claimed advantages of introducing the specific technology compared with current management of the condition.
Medical technologies evaluation programme (MTA)	This programme selects medical devices and diagnostics for which NICE should produce guidance and then routes the selected technology to the appropriate NICE guidance producing programme.

Quality Standards (QS)	NICE quality standards are concise sets of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE. They are developed independently by NICE, in collaboration with health and social care professionals, their partners and service users. Quality standards cover a broad range of topics (healthcare, social care and public health) and are relevant to a variety of different audiences, which will vary across the topics.
Technology appraisal guidance (TAG)	These assess the clinical and cost effectiveness of health technologies - such as new pharmaceutical and biopharmaceutical products - but also include procedures, devices and diagnostic agents. This ensures that all NHS patients have equitable access to the most clinically and cost-effective treatments that are available. Regulations require clinical commissioning groups, NHS England and local authorities to comply with recommendations in a technology appraisal within 3 months of its date of publication.

2.2. Other definitions

Clinical audit	A quality improvement process that seeks to improve patient care against explicit criteria and implementation of change.
CQC	The Care Quality Commission an independent regulator of all health and social care services in England.
HQIP	Healthcare Quality Improvement Partnership
IPAM	Integrated Provider Assurance Meeting
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NICE	National Institute for Health and Care Excellence.
LSW	Livewell Southwest
RAG	A RED, AMBER, GREEN, PURPLE system used to demonstrate NICE implementation status
SWDF	South & West Devon Formulary and Referral
SQP	Safety Quality and Performance committee
QS	Quality Standard
QUIST	Quality Improvement and Support Team
IPAM	Integrated Provider Assurance Meeting

3. Duties and Responsibilities

3.1. The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review. With regards to this policy they are responsible for ensuring that the process for managing NICE guidelines, within LSW, outlined in this

policy is working effectively. This responsibility is delegated to the Safety, Quality and Performance Meeting.

3.2. The Safety Quality and Performance committee (SQP) will oversee NICE implementation and the assurance process ensuring appropriate accountability for the for the allocation, implementation and monitoring processes for NICE guidance.

3.3. The NICE Allocation Meeting will review the relevance of new NICE guidance monthly identifying which LSW service areas/NICE clinical leads the guidance is relevant to.

3.4. The Professional lead is the strategic lead for NICE Implementation and assurance, and is responsible for the delivery of quarterly NICE compliance reports to the Safety, Quality & Performance Committee Meeting and Integrated Provider Assurance Meeting (IPAM).

3.5. The NICE Assurance Lead is responsible for the daily management of the NICE implementation and assurance process and for conducting NICE audits in line with this policy. The NICE Assurance Lead will oversee the appropriate dissemination of NICE guidance across LSW and ensure that effective processes for monitoring and feedback from services are in place. This includes supporting teams to implement NICE guidance and develop action plans, facilitating NICE audits, monitoring action plans. The NICE Assurance Lead will also maintain the NICE Assurance database for LSW, producing quarterly reports.

3.6. The Secretary is the central point for the dissemination of NICE guidance and will create the monthly NICE bulletin and baseline assessment of implementation questionnaires. The secretary will also input LSW NICE implementation responses onto the LSW NICE Assurance database and send out reminders to NICE clinical leads.

3.7. Locality Managers are expected to ensure that there are systematic processes in place within their localities for the review of NICE guidance and provision of assurance to demonstrate implementation with the guidance. Furthermore, they are responsible for overseeing NICE implementation, ensuring that NICE action plans to improve are implemented.

3.8. NICE Clinical leads (often service managers or clinical leads) are expected to complete the LSW NICE baseline assessment of implementation questionnaires and create action plans for the implementation of guidance. They are also responsible for ensuring that mechanisms are in place for their team members to be made aware of relevant new NICE guidance, NICE audit results and NICE action plans.

3.9. All clinical, care and other professional staff are expected to take NICE guidance into account, when appropriate to their practice.

3.10. The Northern, Eastern and Western Devon Clinical Commissioning Group and South Devon & Torbay Clinical Commissioning Group will make funding available for NICE Technology Appraisals and ensure that all approved drug

Technology Appraisals are added to the local formularies (South & West Devon Formulary and Referral (SWDF) within 90 days of publication of the guidance. However, the SWDF has no responsibility for the implementation or assurance provision of NICE recommended drugs.

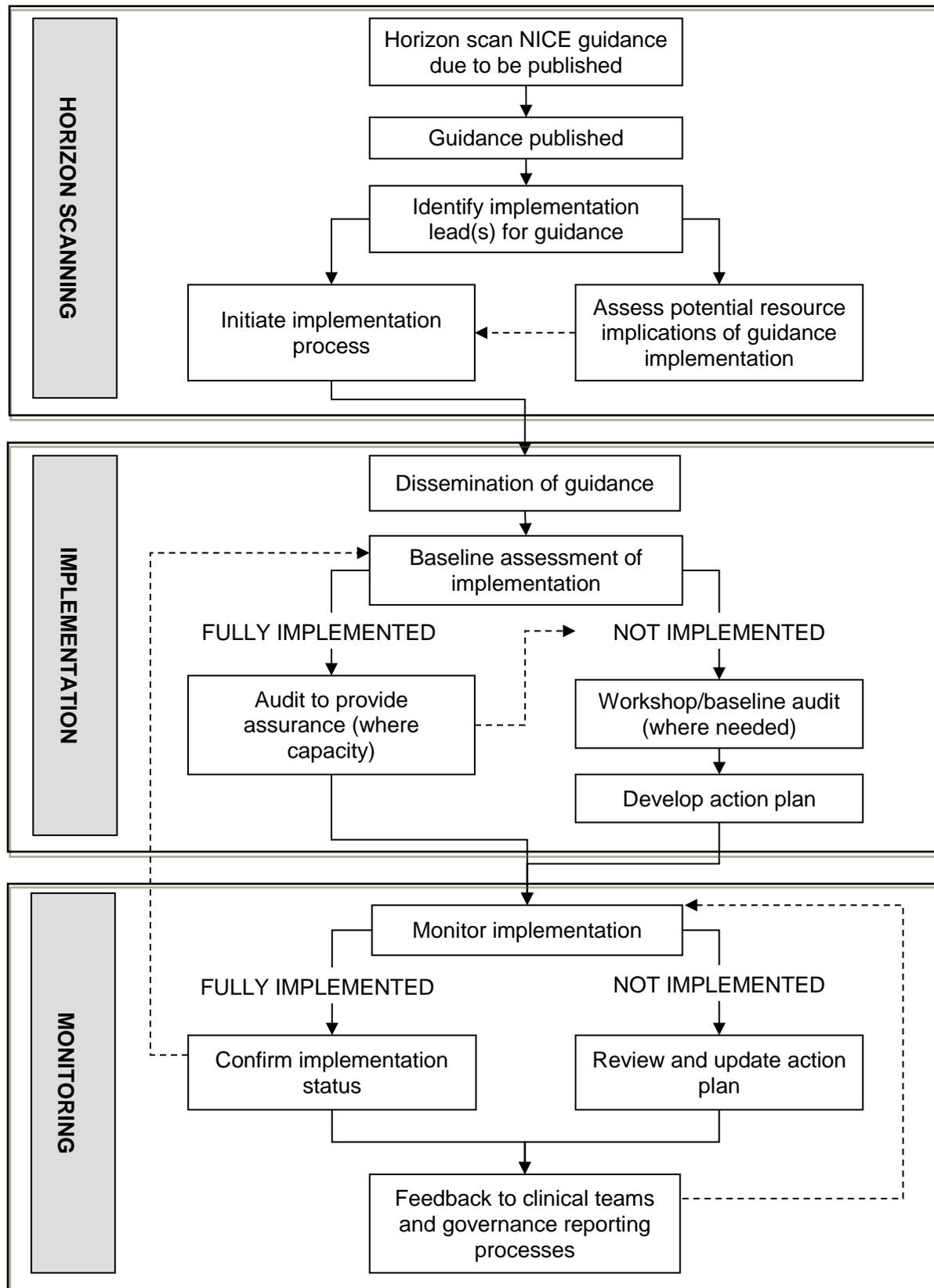
4. LSW NICE implementation and assurance process

4.1. The NICE implementation and assurance process for LSW is based on key components identified by NICE to ensure organisations have robust processes for implementing NICE guidance and using Quality standards (NICE Into Practice guide April 2013) including:

- High level support and clear leadership
- Provision of a nominated lead for the organisation
- Support from a multi-disciplinary forum
- Processes to raise local awareness
- Processes to plan ahead for NICE guidance and quality standards in development
- Methods to assess services compliance against NICE guidance or quality standards
- Support changes in services not in line with NICE guidance or quality standards to assess cost and service impact and to develop and deliver an action plan
- [Evaluate actions, provide high-level assurance and share success](#)
- Periodically review services already in line with NICE guidance or quality standards

4.2. The cyclical process for providing NICE Implementation and assurance across LSW is split into 3 stages as outlined below;

Figure 1: The NICE Implementation and Assurance Process (overview)



5.3. Horizon scanning

5.3.1. Horizon scan:

It is important to identify upcoming guidance that will be relevant to LSW so that the potential impact on the organisation can be assessed and priority areas for NICE implementation can be identified. NICE produce a forward planner database, available via their website, identifying the planned publication dates of guidance. The NICE Assurance Lead regularly reviews this database and includes a list of guidance that is due to be published in the next three months, within the NICE quarterly reports.

5.3.2. Guidance published:

NICE guidance is published every month. The NICE Assurance Lead receives this information via a monthly NICE e-newsletter and the NICE website.

5.3.3. Identify implementation leads:

On a monthly basis the NICE allocation meeting will assess the relevance of new NICE guidance for the organisation and identify leads for relevant NICE guidance.

5.4. Implementation

5.4.1. Dissemination of guidance:

Every service area has an identified LSW NICE Clinical lead. The NICE guidance is disseminated to all LSW staff via a monthly email bulletin that is emailed to all NICE clinical leads. NICE clinical leads are expected to ensure that team members are made aware of relevant new NICE guidance.

A list of newly published guidance is also included monthly in the LSW weekly update.

5.4.2. Baseline assessment of implementation:

In addition to the monthly email, identified guideline leads (section 5.3.3) are sent a baseline assessment of implementation questionnaire. The aim of the baseline assessment is to establish the current implementation position for each NICE guideline; identifying which recommendations are already being met and which need to be implemented.

Leads are expected to complete baseline assessment questionnaires and return to the Secretary within one month of the NICE publication

date. If a response has not been received within one month, the NICE Assurance Lead will issue a series of reminders to the lead:

- After 1 month – Reminder 1 issued by email
- After 2 months – Reminder 2 issued by email. The Locality/Deputy Locality Manager will be copied into correspondence
- After 3 months – Reminder 3 issued by email. The Locality/Deputy Locality Manager, Deputy Director of Professional Practice Safety and Quality, and the Director of Operations will be copied into correspondence. The RAG status of the guidance will also be changed to “RED” and flagged up as a risk in quarterly reporting (see figure 2 for more detail)

The baseline assessment responses are inputted into the LSW NICE Assurance Database (section 5.5.1 provides more detail) by the Secretary. The NICE Assurance Lead will then analyse the response and record LSW implementation with guidance using a ‘RAG Report’, where guidance status is logged as RED, AMBER, GREEN, PURPLE in a specified timeframe (figure 2 below provides more detail).

Figure 2: NICE RAG reporting (overview).

RAG	Definition
RED	<p>Awaiting response from service areas (more than 3 months): Services are expected to complete a baseline assessment of implementation questionnaires within 1 month of guidance being published. A baseline assessment that is outstanding after 3 months of guidance publication date is recorded as RED on the LSW NICE Assurance Database.</p> <p>Similarly, if an action plan update has not been received within 3 months of agreed timescales the guideline will also be recorded as RED.</p>
AMBER	<p>Not implemented with action planned: This represents guidance that services have not fully implemented but there are actions in place to support implementation</p>
GREEN	<p>Implemented: This represents guidance that services have fully implemented</p> <p>Justified non implementation In exceptional circumstances, a service may justify not implementing a NICE guideline and robust justification is evident to support this status. For example, this may be due to local or regional variations in epidemiology.</p>
PURPLE	<p>Not commissioned: This represents guidance that services are unable to implement because they are not currently commissioned, or because joint work with commissioning is needed in order to implement the guidance.</p>
BLUE	<p>Guidance is relevant to LSW services for information only: This reflects NICE guidance that is relevant to services for</p>

	information only.
YELLOW	Awaiting response from service areas (less than 3 months): This represents NICE guidance for which a baseline assessment has not yet been received. Services are expected to complete a baseline assessment of implementation within 1 month of guidance being published. A baseline assessment that is outstanding after 3 months of guidance publication date will be changed from yellow to RED on the LSW NICE Assurance Database .
GREY	Guidance is not relevant to LSW services: This reflects NICE guidance that is not relevant to services. No action is required by service providers where guidance is not relevant to them.

5.4.3. Not implemented

TAGs should be prioritised for implementation as there is statutory requirement for these to be implemented within 3 months of their publication.

An action plan is expected to be developed for guidance that is not being implemented. The baseline assessment questionnaires include space for recording actions that are needed, timescales and leads. Where an action plan requires the input from multiple service areas, or is complex, it may be beneficial to prepare this as part of a multidisciplinary meeting, workshop or as part of a baseline audit process (**sections 5.4.5 and 5.4.6** provide more detail). This can be facilitated by the NICE Assurance Lead.

Clinical NICE leads are also expected to access the cost impact to implement the action plan and achieve full implementation.

Where implementation of guidance cannot be resolved at a team or Locality level, this should be raised at the Safety Quality and Performance (SQP) meeting and highlighted within the NICE Quarterly implementation reports (**section 5.5.3** provides more detail).

5.4.4. Fully implemented

Clinical NICE Leads are expected to describe what evidence that they have to substantiate a status of fully implemented. This might include clinical audit results, patient surveys, policies, service leaflets and other documentation. This information should be summarised on the baseline assessment questionnaire.

5.4.5. NICE clinical audit

This section should be read in conjunction with the LSW Audit Policy (Clinical).

As a healthcare provider, LSW has a responsibility to review its own practice, using audit, as part of a clinical governance programme.

A baseline clinical audit against NICE guidance may be undertaken where service areas are unsure of their implementation status. A NICE clinical audit may also be undertaken to provide evidence of implementation (or to show that LSW is working towards implementation). LSW also has a mandatory obligation to take part in National Audits that are included within the Healthcare Quality Improvement Partnership (HQIP) National Clinical Audit and Patient Outcomes Programme (NCAPOP), which often include relevant NICE standards.

Due to the volume of NICE guidance it is not possible to audit against all NICE guidance. However, the Quality Improvement and Support Team (QUIST) have an annual clinical audit plan which reflects LSW audit priorities and identifies NICE audits. Service areas are also encouraged and pro-actively supported in conducting their own clinical audit in relation to NICE recommendations.

5.4.6. NICE action planning meetings

Multidisciplinary meetings and workshops are an effective way of disseminating NICE guidance, identifying any challenges to implementation and developing an achievable, timely action plan for service improvement. The NICE Assurance Lead will facilitate meetings and workshops at the requests of services. Usually these are arranged for guidance for which implementation is complex and needs discussion, especially across multi-disciplinary groups

5.4.7. Multi-agency working

Where appropriate LSW is committed to working with partner organisations to implement NICE guidance.

5.5. Monitoring

5.5.1. Monitoring

A key element of the NICE assurance process is monitoring the implementation of NICE guidance.

The implementation of NICE guidance within LSW is monitored using a Microsoft Excel database (the **LSW NICE Assurance Database**). The NICE Assurance Lead will maintain the database which will include the following information for each guideline:

- Month published and date distributed within LSW
- Overall LSW implementation status
- Summary of key issues and actions
- Estimated implementation timescales and leads
- Individual teams baseline assessment responses

It is essential that NICE action plans are reviewed and monitored; the NICE Assurance Lead will request that leads update their action plans at regular agreed timescales. Full responsibility for implementing these action plans however, lies with the action plan lead and Locality Managers.

NICE recommends that a periodic review of services that are already in line with NICE guidance or quality standards occurs. It is proposed that the baseline assessments for LSW 'GREEN- fully implemented' guidance will be reviewed every 3 years.

5.5.2. Feedback

It is important that progress with implementing NICE guidance is feedback to clinical staff. It is the responsibility of the Clinical NICE Lead and/or action plan lead to ensure that front line staff are made aware of relevant action plans to implement NICE guidance and the results of any NICE clinical audits. The NICE Assurance Lead however, may facilitate this process.

5.5.3. Reporting

The NICE Assurance Lead will use the LSW NICE Assurance Database to produce a quarterly RAG report summarises the implementation status of every NICE guideline that is relevant to LSW. These reports are provided quarterly to SQP and Integrated Provider Assurance Meeting (IPAM). LSW NICE implementation figures are also included within the LSW data book.

Updates are also provided to Localities, clinical governance and team meetings which the NICE Assurance Lead attends on invitation.

5.6. NICE Quality Standards

The NICE implementation and assurance process for Quality standards mirrors the LSW NICE process for other types of guidance.

6. Training Implications

There are no specific training implications with regards to this policy, however implementing the NICE Guidance can identify training needs and these should be recorded on the implementation questionnaire.

7. Monitoring Compliance and Effectiveness of the NICE assurance process

The following systems are in place to monitor the progress of NICE implementation in LSW:

- NICE implementation is reported quarterly and monitored via the SQP and IPAM
- The effectiveness of implementation is demonstrated through completion of monthly baseline assessment of implementation questionnaires and receipt of action plans, confirmation that action plans have been completed and through clinical audits against NICE guidance

Evidence of effectiveness of this policy will be monitored by examining whether:

- NICE guidance is being disseminated throughout LSW
- NICE baseline assessment questionnaires are being completed
- NICE clinical audits are being undertaken
- Audit results and action plans are being reported and disseminated
- Action plans are being agreed and implemented
- Timely quarterly NICE implementation reports are generated
- The **LSW NICE Assurance Database** is up to date and maintained

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 6th July 2016