Leicestershire Partnership NHS Trust

Dissemination, implementation & monitoring of National Institute for Health and Care Excellence (NICE) Guidance Policy

This Policy describes the process for the dissemination, implementation, & monitoring, of National Institute for Health and Care Excellence (NICE) Guidance.

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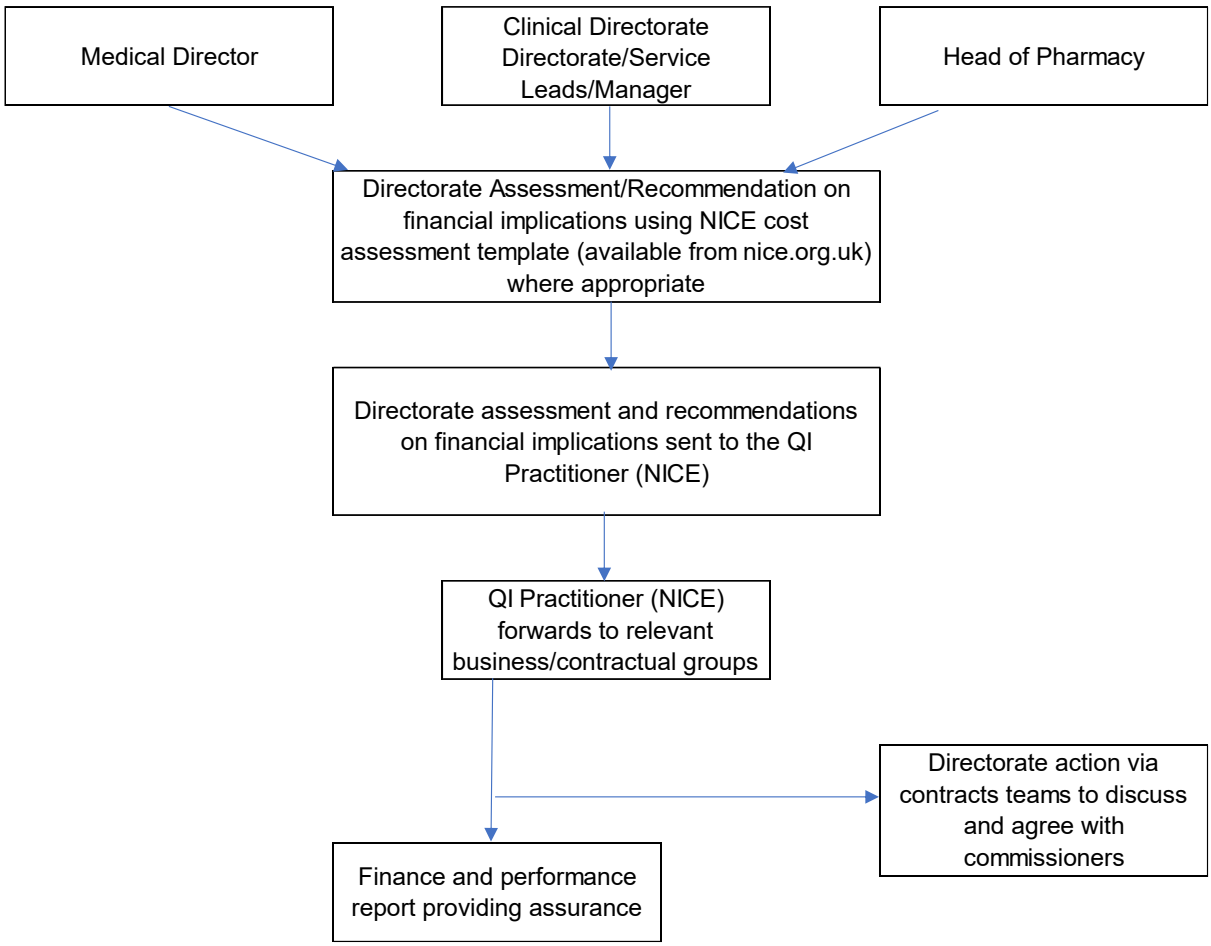
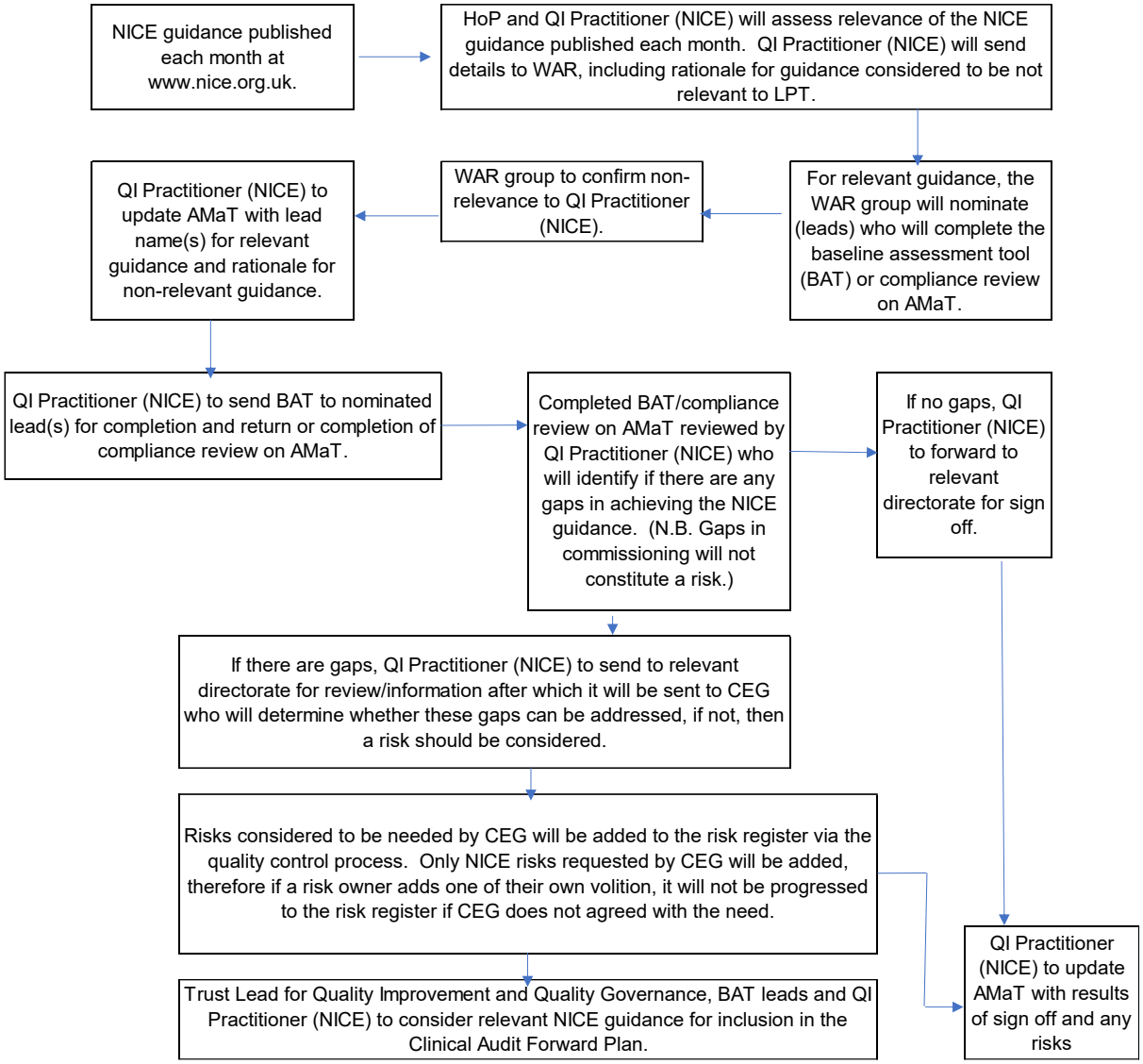
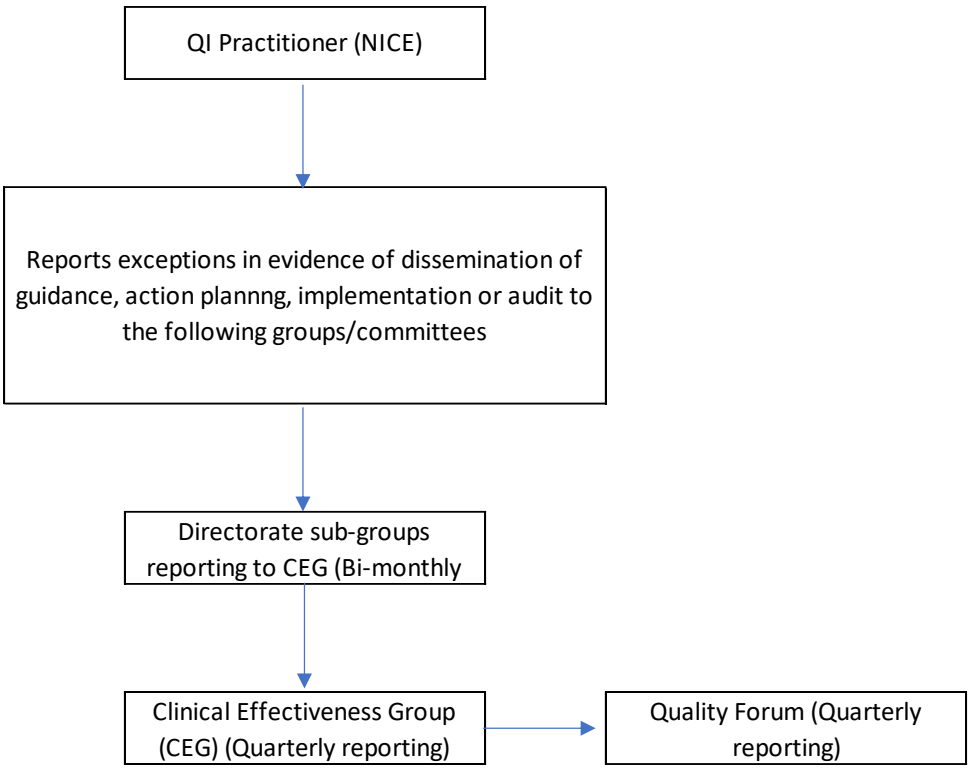
Contents







For Further Information Contact: lpt.WeImproveQ@nhs.net

Policy on a page

Summary and aim

It is necessary to have a consistent approach and a clearly identified process for the evaluation, dissemination, implementation, and monitoring of NICE guidance across LPT.

The purpose of this policy is to ensure the appropriate implementation of NICE guidance, in line with publications by NICE – Practical steps to improving the quality of care and services using NICE guidance (2018) and Principles for putting evidence-based guidance into practice (2018) and to comply with requirements as set out by the Care Quality Commission (CQC) Regulations 9 and 12.

Target audience

This Policy applies to all staff within LPT involved in any aspect of the review and/or recommendations from nationally agreed best practice guidance documents.

Training

There is no training requirement identified within this policy.

Key requirements

This policy outlines the system and processes for the dissemination, implementation, and monitoring of NICE guidance throughout LPT.

Introduction and Purpose

It is necessary to have a consistent approach and a clearly identified process for the evaluation, dissemination, implementation and monitoring of NICE guidance across LPT.

The purpose of this policy is to ensure the appropriate implementation of NICE guidance, in line with publications by NICE - Practical steps to improving the quality of care and services using NICE guidance (2018) and Principles for putting evidence-based guidance into practice (2018) and to comply with requirements as set out by the Care Quality Commission (CQC) Regulations 9 and 12.

This policy outlines the system and processes for the dissemination, implementation and monitoring of NICE guidance throughout LPT. National "best practice" guidance enables staff to make evidence-based decisions about treatment and healthcare.

In the white paper "First Class Service: Quality in the NHS", the Department of Health declared that all patients should have fair access to high quality care which is based on clear evidence of best practice (DH 1999). From this white paper came the implementation of the National Institute for Health and Care Excellence (NICE) and the National Service Frameworks (NSFs). As a result of the findings of the Francis report 2013, The Department of Health produced Hard Truths: The journey to putting patients first 2014. Reports by Keogh 2013 - 'Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report' and Berwick 2013 'Improving the Safety of Patients in England' highlighted failings in patient care and their safety' which provided the basis for further patient centred care guidance.

This policy covers the implementation and monitoring of NICE guidance for best practice within LPT. It sets out a coordinated process to identify and disseminate relevant documents. In addition, it covers conducting an organisational gap analysis and monitoring of the implementation process.

For the purposes of this document, the term, "guidance" is a collective term, and applies to guidance published by NICE.

This Policy applies to all staff within LPT involved in any aspect of the review and/or recommendations from nationally agreed best practice guidance documents.

Policy Requirements and Objectives

NICE guidance is:

- Intended to improve the outcomes for people who access health service providers.
- Produced by health and social care professionals, patients, and the public.
- Evidence based guidance and advice for health, public health, and social care practitioners.
- Transparent in its development, consistent, reliable and based on a rigorous development process.
- Evaluated, weighing up the cost and benefits of treatments to ensure money is well spent.
- Internationally recognised for its excellence.
- Issued as NICE (formerly clinical) guidelines, quality standards, interventional procedures guidance, health technology evaluation guidance, highly specialized technologies guidance, medical technologies guidance, diagnostic guidance, and technology appraisals.

NICE also produce Pathways that provide guidance on the range of guidance available for a range of topics.

NICE guidelines

- Are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
- Based on the best available evidence.
- Assist health professionals in their work but do not replace their knowledge.

NICE Technology Appraisals

- Are guidance on the use of new and existing medicines and treatments.
- Assess the clinical and cost effectiveness of health technologies.
- Have stated timescales associated with them and must be implemented within three months of their publication.

NICE Quality Standards

- Are a concise set of statements designed to drive and measure priority quality improvements within a particular area of care.

- Are derived from the best available evidence such as NICE guidance and other evidence sources accredited by NICE.
- Enable service providers to quickly and easily examine the performance of their organisation and assess improvement in standards of care they provide.
- Provide the general public and people receiving health care services with easily accessible information about the quality of services and care they should expect from their healthcare provider.

NICE Public Health Guidance

- Makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health.
- May focus on a particular topic, a particular population, or a particular setting.

Care Quality Commission (CQC)

The Care Quality Commission undertakes special reviews and studies, which look in- depth at different aspects of health and adult social care, to assess and drive improvement for people using the services e.g., how well the health and social care pathway is working for people who had a stroke and their carers.

Process for identifying and dissemination of relevant documents

An up-to-date schedule of forthcoming NICE guidance is available on the NICE website (www.nice.org.uk).

- All guidance issued by NICE each month will be reviewed initially by the QI Practitioner (NICE) and confirmed by the Head of Pharmacy (HoP) and relevant clinical representation in terms of potential relevance to LPT.
- The QI Practitioner (NICE) will then disseminate details of all NICE guidance to the Weekly Alerts Review (WAR) group where directorate representatives will confirm relevance to services provided and/or commissioned (particularly with regard to collaboratives and partnerships led by LPT) and nominate leads to review as appropriate. Where it is identified that guidance is relevant to services commissioned by LPT, the QI Practitioner (NICE) will forward to the

Senior Responsible Officer for the collaborative or partnership or their nominated alternate for review as per their Standard Operating Procedures.

- The QI Practitioner (NICE) will forward the NICE Baseline Assessment Tool (BAT) and NICE guidance document to the nominated individuals for completion and return, confirming full compliance or detailing any action required/risks identified. Evidence of compliance may also be added directly into AMaT – currently this depends on when the guidance was published/updated.
- The nominated lead will supply the QI Practitioner (NICE) with electronic copies of documents used as evidence of compliance, e.g. Standard Operating Guide, patient leaflet, link to Trust policy (where a Trust policy is used as evidence in the BAT, the nominated lead will state which section of the policy covers the recommendation). This evidence will be uploaded to the relevant guidance section in AMaT.
- The nominated lead(s) will also work with the QI practitioner (NICE) to establish an action plan for any non-compliant recommendations (using SMART guidelines), monitor the actions and update the QI Practitioner (NICE) with progress.
- The nominated lead(s) will, if necessary, assemble a working group for the BAT review, maintain regular communication with the QI Practitioner (NICE) and provide updates on progress of review when requested an escalate any issues to the QI Practitioner (NICE).

A BAT is published by NICE for the majority of all new/updated NICE guidance. This incorporates all required recommendations, a baseline assessment of compliance and an action plan.

The BAT enables detailed consideration of the guidance and provides the Trust with a process for conducting an organisational gap analysis.

The QI Practitioner (NICE), Head of Pharmacy, Trust Lead for Quality Improvement and Quality Governance and Directorate Clinical and Quality Governance Leads will monitor baseline assessment tools, in terms of delivery and follow up. It is expected that the initial review of the BAT will be completed within 3 months of publication and the final position of compliance to be completed within 18 months of publication.

Where a guideline is fully or partially non-compliant due to a gap in commissioning, the relevant recommendation(s) should be marked as relevant to LPT but not

compliant due to the gap in commissioning. This will provide a clear picture in the event of service review and when providing NICE compliance reports within LPT and to its stakeholders.

Appendix 4 outlines the process and responsibilities for reviewing relevance, compliance, and dissemination of NICE guidance.

Quality Improvement including Clinical Audit

The National Institute for Health and Care Excellence, Principles for Best Practice in Clinical Audit (NICE: 2010) state that:

"Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change."

Through Clinical Audit, services can measure compliance against the recommendations made by the NICE guidance and improve patient care.
The BAT lead and the QI Practitioner (NICE) will consider relevant NICE guidance for inclusion in the Clinical Audit Forward Plan. NICE produces Clinical Audit tools and Quality Standards to inform Clinical Audits.

Where other quality improvement methodologies are more appropriate, action will be taken and assistance provided where necessary, see Appendix 2. Quality Improvement (including Clinical Audit) project support will be provided through the QI design huddle and the use of LifeQI and/or AMaT. Further details can be found in the LPT Quality Improvement policy.

Roles and Responsibilities

It is recognised that adequate implementation of NICE guidance requires a robust process that involves all LPT staff.

The Chief Executive is accountable for the implementation of this policy and ensuring that LPT has a process for the consideration, dissemination, and implementation of all NICE guidance.

LPT Trust Board will ensure that LPT operates effectively and efficiently and fulfils all its statutory duties and responsibilities in accordance with the approved LPT Scheme of Delegation, including delegation to the Clinical Effectiveness Group.

Chief Medical Officer

- Will work with the Clinical Directors to estimate the cost of additional resources for the implementation of non-drug specific NICE guidance and support the negotiation of resources. (Appendix 1)
- Will also work with the Clinical Directors to ensure the operational delivery of all NICE guidance.

Head of Pharmacy (HoP)

- Will work with the Quality Improvement Practitioner (NICE) and the Weekly Alerts Review Group (WAR), Directorate Clinical and Quality Governance leads to agree which NICE guidelines are relevant to the Trust and to provide a rationale for those not relevant to LPT.
- Receive medicines related NICE guidance from the QI Practitioner (NICE) and establish relevance for each Directorate.
- Contribute to the completion of baseline assessment tool (BAT)/ AMaT (Audit Management and Tracking) as required.
- Work in collaboration with the Chief Medical Officer and Clinical Directors to assess financial implications (Appendix 1).

Clinical Directors

- Will advise service leads/service managers in an assessment of the financial/contractual implications associated with implementation of NICE guidance (Appendix 1).
- Will assess, in conjunction with the relevant approving group, the evidence provided to support the completion of NICE guidance documentation in order to establish completeness and compliance.

Weekly Alerts Review Group (WAR)

Members of the WAR group will work with the QI Practitioner (NICE) to:

- Confirm relevance/non-relevance of NICE guidance and

Technology Appraisals within 2 weeks of initial review by the HoP.

- Identify individual(s) to complete the baseline assessment tool (BAT)/AMaT if guidance deemed to be relevant to their service area.
- Respond to exceptions highlighted by the QI Practitioner (NICE) regarding completion of the BAT/AMaT.
- If required, identify a senior lead to implement cross-divisional work, e.g., development of trust-wide pathway, training plan or clinical audit.

Quality Forum (QF)

– will assess assurances received from CEG related to the implementation of NICE guidance and ratify decisions not to implement guidance.

Clinical Effectiveness Group (CEG)

- Will receive assurance reports from the QI Practitioner (NICE)/Trust Lead for Quality Improvement and Quality Governance.
- Approve decisions not to implement guidance and report their decisions to QF.
- Ensure that identified risks related to non-compliance are escalated to QF and recorded on the risk register.
- Have oversight of the progress of NICE implementation work within the Trust.
- Receive reports from the QI Practitioner (NICE) giving a review of the number of outstanding actions and action plans in place to address non-compliant recommendation, the number and stage (not started, incomplete, complete) of NICE baseline assessment tool completion, details of guidance that has been escalated due to lack of progress and guidance that has been closed as fully compliant or partially compliant.
- Monitor completion of NICE BATs within the 18-month timeframe following publication (see section 6.1).
- Agree and monitor NICE Quality Improvement activities including monitoring and clinical audits.
- Ensure compliance with Technology Appraisals is confirmed within 3 months of publication.

Directorate sub-groups reporting to CEG

- Ensure that NICE is a standing agenda item on the relevant directorate sub-groups of CEG. Bi-monthly reports providing an update on review of relevant NICE guidelines to be provided by the QI Practitioner (NICE), these reports will also include any guidance deemed to be not applicable to the Trust for further consideration by the sub-group(s) as necessary.
- Approve compliance with the guidelines once fully reviewed and adequate evidence provided, noting this in the minutes of the meeting.
- Disseminate guidance to appropriate services throughout the directorate.
- Respond to exceptions highlighted by the QI Practitioner (NICE) regarding confirmation of relevance, evidence of dissemination.
- Identify risk associated with the implementation of guidance and update risk register as appropriate.
- Oversee implementation of action plan within BAT/AMaT.
- Identify NICE related clinical audits in partnership with QI Practitioner (NICE) and consider whether Clinical Audit is the appropriate means of confirming compliance with NICE guidance or if there are other means of assurance.
- Ensure that confirmation of compliance with NICE guidance is completed within an appropriate timescale.

Trust Lead for Quality Improvement and Quality Governance

- Oversee NICE reporting and assurance mechanisms.
- Work with Directorate Clinical and Quality Governance Leads to escalate exceptions.
- Ensure links between NICE and Clinical Audit are integrated and supported by the clinical audit forward plan and quality improvement work.

Quality Improvement Practitioner (NICE)

- Oversee and co-ordinate the Trust NICE guidance implementation procedure.
- Identify new NICE guidance published on the NICE website on a monthly basis.
- Work with the Trust Lead for Quality Improvement and Quality Governance, Head of Pharmacy and WAR group to agree which

guidance is relevant to the Trust and to provide a rationale for guidelines which are not relevant to LPT.

- To receive a response from the WAR group on the relevant/non-relevant guidance within two weeks of the initial review by the HoP.
- Receive names of individual(s) to review NICE guidance from the WAR group.
- To send the relevant BAT to the nominated individual(s) to complete, providing support if necessary, or to support completion of the review on AMaT.
- Collate completed BATs and Quality Standard from each Directorate.
- Collate evidence of dissemination of guidance from each Directorate.
- Inform CEG of areas which require action plans, cross-referencing with other divisions to avoid duplication of effort.
- Collate evidence of implementation by updating the Guidance Activity and Compliance Statements section of AMaT (Audit Management and Tracking) with details of progress towards implementation, identifying high priority and significant recommendations and acting accordingly.
- Along with other members of the WeImproveQ team, support directorates to identify and deliver NICE related quality improvement projects (including Clinical Audits).
- Provide status reports to each Directorate sub-group (subgroups of Directorate Clinical Governance Groups). To include Clinical Audit, cost implications and exceptions at each stage, e.g., confirmation of relevance, completion of BATs, evidence of dissemination and implementation.
- Where the baseline assessment reveals a need for additional financial investment/resource ensure the procedure in Appendix 1 is followed.
- To be aware of areas of risk which potentially are to be re-assessed e.g., where NICE guidance has been revised, new services or areas of organisational risk/serious incidents, via the Head of Pharmacy, Trust Lead for Quality Improvement and Quality Governance and the Clinical Effectiveness Group (CEG).
- To liaise with the LPT Risk Manager, prior to reporting to CEG, when areas of non-compliance are identified to plan approach to the risk.
- Provide assurance reports for all guidance and exception reports to CEG.
- Maintain the Guidance Activity and Compliance section of AMaT, detailing the stages of the implementation procedure and related correspondence, including rationale for non-relevant guidance.

- Escalate issues/lack of progress etc. to relevant groups and meetings including subgroups of CEG, as necessary.

All clinical staff

All staff have a professional responsibility to:

- Implement relevant guidance and make evidence-based decisions about treatment and health care.
- Consider NICE when planning and carrying out any Quality Improvement activities, service design/redesign, incident reviews, service delivery and transformation.
- Ensure that Trust policies and other guidelines reference NICE where applicable and the relevant guideline is reviewed during any policy review and updated, as necessary.

Process for conducting an Organisation Gap Analysis

Implementation of all types of guidance will have an impact on the provision of services and require a system for assessing the gaps and action planning. For NICE guidance, the BAT is used. (Gap analysis is based on the Lloyds Register LRQA ISO 9001 model).

It is recognised that implementation of guidance will often have a financial impact.

The process to be followed in relation to financial decisions and cost implications is outlined in Appendix 3. Resource implications will be detailed in a NICE cost assessment template. Copies of this and other correspondence will be kept on the AMaT database maintained by the QI Practitioner (NICE).

Where directorates have identified cost implications associated with the implementation of guidance, recommendations will be built into contractual discussions on an annual basis led by the Director of Finance, Business and Estates (Appendix 3).

Process for ensuring that recommendations are acted upon throughout the organisation

Regular reports from the Trust Lead for QI and Quality Governance/QI Practitioner (NICE) outlining performance and exceptions in terms of dissemination, action planning, implementation, Quality Improvement or Clinical Audit, will be reported to (Appendix 5):

Directorate Clinical Quality Governance leads/directorate sub-groups

CEG

Quality Forum

Commissioners (as required)

Process for documenting any decision not to implement NICE recommendations

Any decision not to implement National Guidance must be approved by the Clinical Effectiveness Group and ratified by the Quality Forum.

Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendices

Appendix One: Definitions

Consent	A patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must: • be competent to take the particular decision; • have received sufficient information to take it and not be acting under duress.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Best practice guidance	This policy refers to clinical guidance documents and any high-level enquiry documents that make recommendations for patient safety.
Nationally agreed	Documents that have been published by national organisations which have an official advisory or regulatory role for the National Health Service.
NICE	**The National Institute for Health and Care Excellence (NICE)** is the independent organisation responsible for providing national guidance on treatments and care for people using the NHS in England and Wales.
CG	NICE **Clinical Guideline** - guidance on the appropriate treatment and care of people with specific diseases and conditions.
HTE	NICE **Health Technology Evaluations** – an approach which allows rapid assessment of digital products, devices and diagnostics for clinical effectiveness and value for money. So that the NHS and patients can benefit from these promising technologies sooner.
NG	NICE Guideline – Replaced CG in January 2015 as a means to identify new clinical guidance.

IPG	NICE **Interventional Procedures Guidance -** on procedures used for diagnosis or treatment that involves incision, puncture, entry into a body cavity, electromagnetic or acoustic energy.
TA	NICE **Technology Appraisal** –Guidance on the use of new and existing medicines and treatments.
PH	NICE Public Health guidance provides guidance on the promotion of good health and the prevention of ill health. These are: "Public Health Intervention Guidance" and "Public Health Programme Guidance"
QS	NICE Quality Standards - A concise set of statements designed to drive and measure high-priority quality improvements in a particular area of care and to achieve improved quality of care in local settings. General Public and People receiving health care services, can access information about the quality of services and care they should expect from their health care provider

Appendix Two: Governance

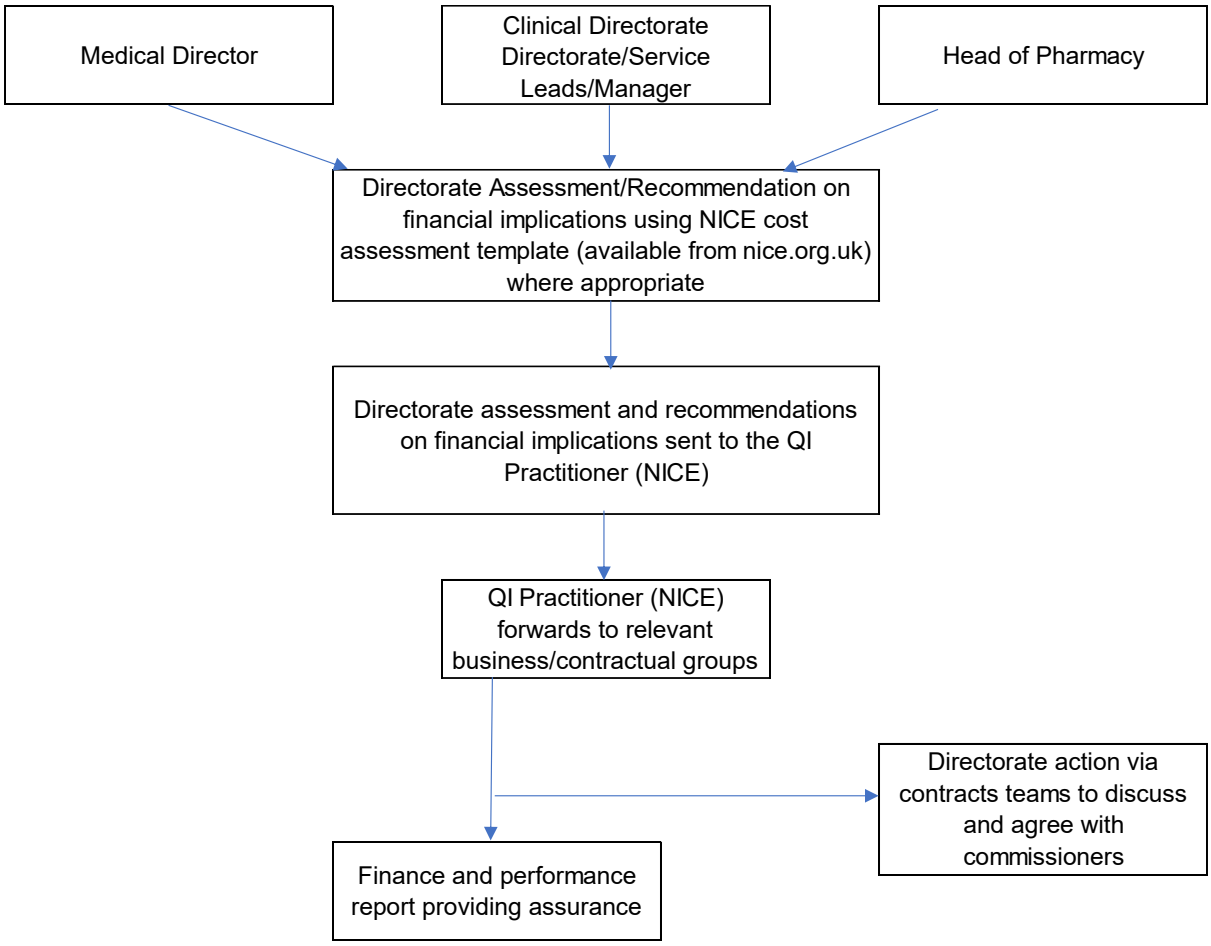
Version control and summary of changes

Version number	Date	Description of key change
Version 1.0	Dec 2011	Harmonisation of former organisations policies.
Version 2.0	Feb 2012	Comments incorporated received from key staff.
Version 2.1	8 Feb 2012	Policy approved at the Senior Clinical Quality Group subject to minor
Version 2.2	14 Feb 2012	Gone to Quality Assurance Committee for ratification.
Version 3.0	May 2013	Revised policy
Version 3.1	15 Aug 2013	Policy approved at Policy Group meeting subject to minor amendment in readiness to be adopted at the next QF meeting.
Version 4.0	17 Jun 2016	Elena Relph & Julie Warner – Grammatical and reference amendments. Fern Barrell – Risk register and CEG involvement clarification. Jude Smith - Confirmation of Clinical Directors' financial involvement. 360 Assurance – approval of BAT when compliant.
Version 5.0	1 Aug 2016	Circulation list updated and sent to additional Clinical Directors (no additional comments received by deadline of 19
Version 6.0	Dec 2016	Reference to NHS Litigation Authority (NHSLA) removed from section 13 and appendix 4.
Version 7.0	Jun 2018	Amendments made due to movement of responsibility from CQETL to HOP.
Version 8.0	Sept 2020	Amendments made due to appointment of Associate Director for Quality Improvement and as a result of actions required in 360 Assurance Clinical Audit and NICE report.

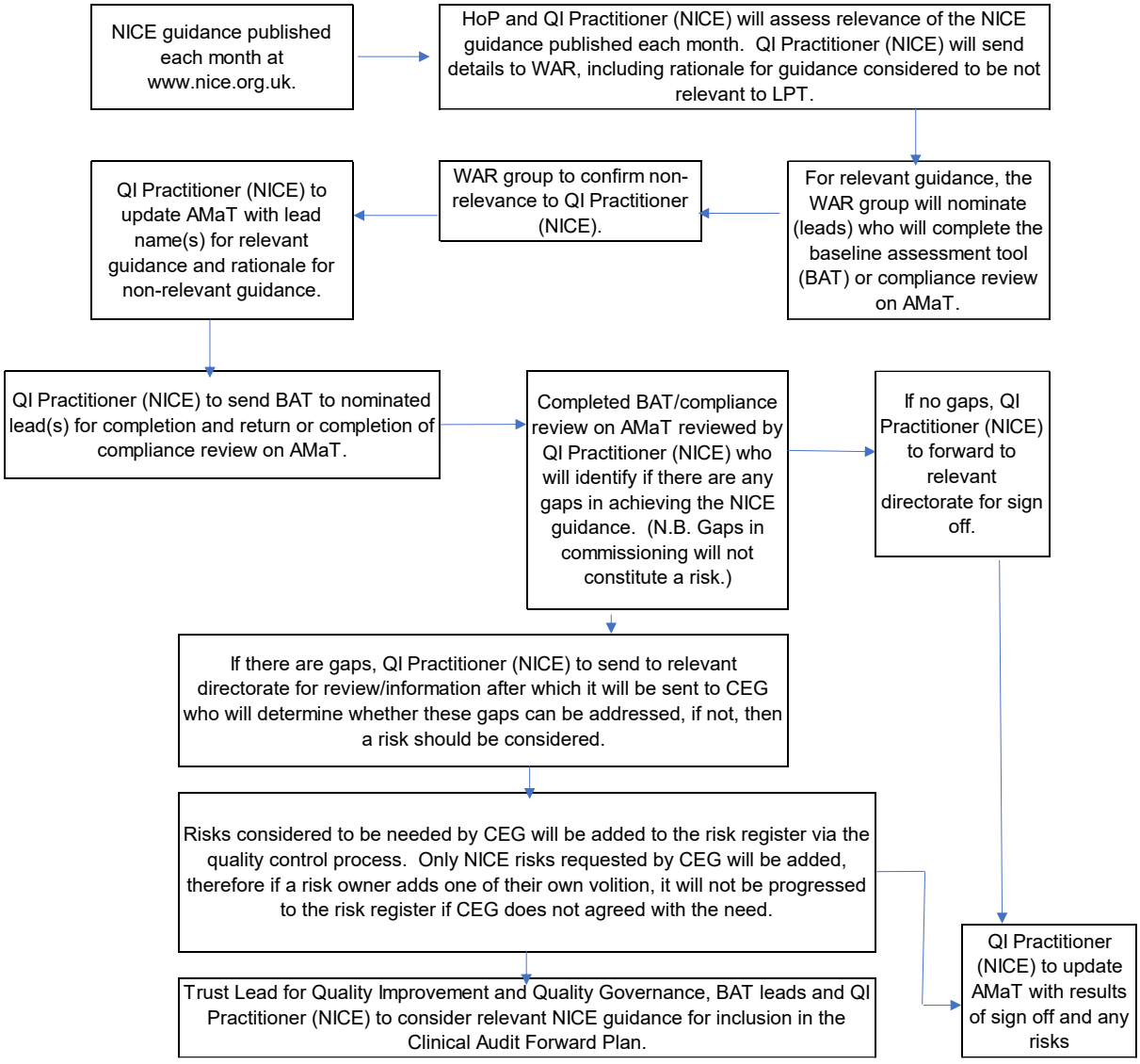
Version number	Date	Description of key change
Version 9.0	June 2022	Amendments made due to change of role from Associate Director of Quality Improvement to Head of Clinical Quality Governance. Removal of references to other nationally agreed best practice including National Confidential Enquiries as these are dealt with via alternative routes. Amendments following introduction of the NICE review group. Updates to appendix 2 to include consideration of risk.
Version 10	April 2024	Reference to CANQI (Clinical audit, NICE and Quality Improvement) amended to CEG. NICE and Effectiveness Officer role title amended to Quality Improvement Practitioner (NICE). References to collection of evidence on the BAT (baseline assessment tool) amended to include the option to record evidence in AMaT. Reference to Quality Assurance Committee amended to Quality Forum. Responsibilities that were assigned to CANQI moved to CEG section 5.9. Responsibility of clinical staff section updated. Paragraph added in section 6.2 relating to how compliance is recorded when there are gaps in service provided due to commissioning. References and bibliography section updated.

Version number	Date	Description of key change
Version 11	May 2026	Minor formatting changes. Reference to review relating to services commissioned by LPT added to "Process for identifying and dissemination of relevant documents" section. Reference to Medical Director amended to Chief Medical Officer following role name change.

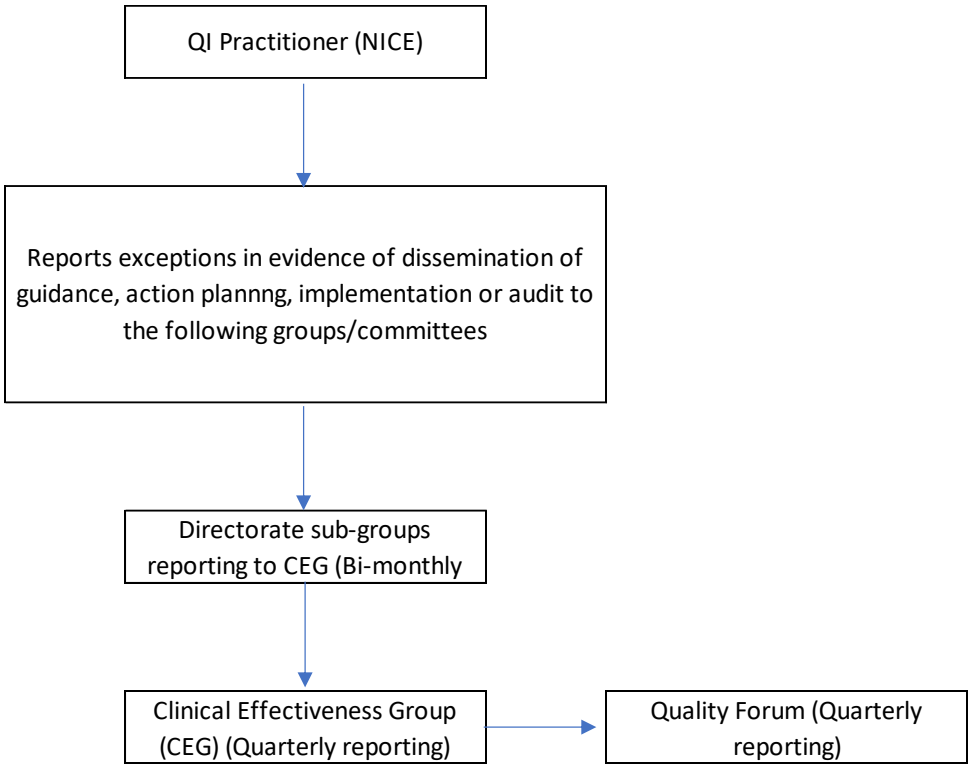
Appendix 3: Financial decisions in relation to cost implications



Appendix 4: NICE guidance, relevance, compliance, risk, dissemination and clinical audits



Appendix 5: Exceptions, assurance and reporting to Divisional sub-groups of Clinical Governance Groups, CEG, QF and Commissioners



Responsibilities

Responsibility	Title
Executive Lead	Chief Medical Officer
Policy Author	QI Practitioner (NICE) & Trust Lead for QI and Clinical Governance
Advisors	N/A
Policy Expert Group	Trust Policy Expert Group

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality and Safety Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Quality Forum
Level 3	Clinical Effectiveness Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Initial review of the BAT to be completed within 3 months.	Quarterly to Accountability Framework Meeting for Enabling Bi-monthly to relevant directorate groups. Quarterly to CEG.
Final compliance position to be recorded within 18 months.	Quarterly to Accountability Framework Meeting for Enabling Bi-monthly to relevant directorate groups. Quarterly to CEG.

Training Requirements

There is no training requirement identified within this policy.

References

High Quality Care for All, NHS Next Stage Review Final Report – June 2008

NICE website – including Interventional Procedures Programme manual, Legal Context of NICE guidance, NICE Quality Standards, NICE – what we do, NICE Into Practice Guide

The Health Foundation – Rising to the challenge – using evidence about what works to improve quality and save money – November 2009

LPT Quality Improvement policy