Policy	Worcestershire Acute Hospitals NHS Trust

Policy for the Management of NICE Guidance

Department / Service:	Clinical Effectiveness
Originator:	Elaine Chapman, NICE and Key Documents Manager
Accountable Director:	Chief Medical Officer
Approved by:	Trust Management Executive Committee
Date of approval:	16th November 2022
Review date: **This is the most current document and should be used until a revised version is in place**	16th November 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All departments
Target staff categories	All staff

Policy Overview:

This policy describes the process for ensuring that agreed best clinical practice as defined in NICE Guidance is taken into account in the context of clinical services provided within the organisation.

Date	Amendment	Approved by:
November 2017	Treatment Pathway WAHT-TP-095 made obsolete to allow for a major re-write. Document re-issued as WAHT-CG-826	Clinical Governance Group
May 2018	Response time for providing compliance information reduced to 6 weeks, throughout the document	Chief Medical Officer
May 2018	Assurance information required as part of assessment process included in the 'How to Guide'	Chief Medical Officer
May 2018	Minor amendments made to wording within 'How to Guide'	Chief Medical Officer
May 2019	Updated NICE definition Associate Medical Director for Clinical Effectiveness-removed Divisional Governance Teams-standard agenda item included Assessing services against NICE Guidance-changed to 10 weeks References to In-Phase removed Extra sections added: 5.8 Demonstrating improvements 5.9 Continuing compliance 5.10 Terminated appraisals New baseline assessment form added as an appendix Quick reference guide updated to new process	Clinical Governance Group
August 2022	Policy updated to reflect new process and 3 yearly review • New process chart included • Reporting arrangements updated • Section 5.7 Escalation process updated to include new KPI arrangements • Monitoring tool updated to reflect change to KPI • Appendix 1 – updated baseline assessment form included • New EIA form included • APC name updated	TME
November 2025	Document extended for 12 months whilst reviewed and new process implemented	Elaine Chapman

Contents page:

Process for Responding to NICE Recommendations

All Technology Appraisals are to be responded to within 12 weeks of publication

NICE Guidance Published

Relevant clinical leads assigned

Separate baseline assessment forms to be sent to all relevant specialties/departments

Individuals to provide a brief initial compliance rating to the NICE Manager if possible

Individuals to complete baseline assessment form for their area and return to the NICE Manager, along with any supporting assurance documents and details of any actions/risks etc

NICE Manager to collate all responses into one report

Actions to be completed by individual NICE Leads/specialties

Report to be produced, with an overall trust compliance rating

Final report to be sent to Divisional Governance Meetings for discussion and to distribute to all relevant staff

Policy for the Management of NICE Guidance

1. Introduction

This policy describes the process for ensuring that agreed best clinical practice as defined in NICE Guidance is taken into account in the context of clinical services provided within the organisation.

2. Scope of this document

This policy covers the receipt of guidance, recording a baseline position, implementation, monitoring, reporting, providing evidence of implementation and audit.

It applies to Worcestershire Acute Hospitals NHS Trust and all staff working within it.

3. Definitions

The National Institute for Health and Care Excellence (**NICE**) provides national guidance and advice to improve health and social care.

- Fully Compliant

We follow all of the recommendations within the guidance, that are relevant to acute trusts and our systems and processes are designed around these.

- Partially Compliant

We follow some of the recommendations in full, however there are some recommendations that we do not follow.

- Non-Compliant

We do not follow any of the recommendations within the guidance.

- Not applicable

The recommendations are not relevant to the Trust.

4. Responsibility and Duties

Chief Executive

Overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

Chief Medical Officer (CMO)
Lead executive with responsibility for systems to manage NICE responses.

Divisional Directors
Operational responsibility for ensuring that the appointed clinical/managerial lead manages the response to the recommendation/s.

Clinical NICE Lead
Each specialty has a designated NICE Lead who will be responsible for considering and assessing the publication, completing a baseline assessment, providing evidence of implementation and ensuring that any action plans are completed.

Clinical Directors, Divisional Managers and Executive Directors
Support the clinical lead in formulating and implementing an action plan to address identified gaps and/or assess risks and record them on the risk register.

Head of Clinical Governance and Risk Management
Responsibility for linking best practice guidance with corporate clinical governance systems such as audit and risk management.

Divisional Clinical Governance Teams
To ensure that NICE is a regular agenda item at specialty and divisional meetings and provide feedback to the NICE Lead.

NICE Manager
Responsibility for co-ordinating and monitoring the process set out in this policy. Provides support to Specialty NICE Leads. Provide quarterly reports to the Clinical Governance Group.

Hereford and Worcestershire Medicines and Prescribing Sub-Committee (MPC)
The MPC has a role in managing the entry of new drugs into the NHS and so covers Technology Appraisals published by NICE. It 'horizon scans' for medicines on the NICE approval pathway and plans for their introduction to the local health economy within the timescale set by NICE.

Specialty Audit Lead
Consider the inclusion of audits covering compliance with NICE Guidance and other Best Practice in Specialty Audit Programmes.

5. Policy detail

5.1 About NICE

NICE provides national guidance and advice to improve health and social care. They provide independent, authoritative and evidence-based guidance to ensure, safe, effective care that is good quality and value for money. They develop guidance and other products by working with experts from the NHS, social care, local authorities and others in the public, private and voluntary sectors, including members of the public. NICE Guidance is for the NHS, local authorities, social care providers, charities and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.

NICE also produces quality standards, which are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. The statements, along with the guidance on which they are based, should contribute to the improvements outlined in the outcomes frameworks published by the Department of Health, the NHS Outcomes Framework,

the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework. The statements are intended to be used with frameworks and regulations already in place to provide practical support to drive up the quality of care.

5.2 Assessing services against NICE Guidance

When guidance is published, we need to know if the trust provides services in the way that NICE recommends and the extent to which specialties/trust might need to change what they do. An initial baseline assessment must be performed, using the form provided, within 10 weeks of publication.

The specialty NICE Lead should work with colleagues to compare current practice with the recommendations and highlight any actions that are required to implement them more fully. Baseline assessments are distributed to specialty NICE Leads following publication of guidance. Completed assessments are to be discussed with colleagues and provided to specialty and divisional meetings for review.

When completing the baseline assessment, consider the following for each recommendation within the guidance:

- Is the recommendation relevant to the organisation?
- How does the current service compare with the recommendation?
- The source of evidence to support this.
- What actions or resources would be required in order to improve the service if required so that it meets the statement?
- An initial assessment of risk associated with not making these improvements.

Sources of information to support the initial assessment could include:

- A completed baseline assessment and/or action plan for related guidance
- New or existing service user feedback
- Complaints or serious incidents (SIs)
- Audit information (including national audit data)
- Prescribing or activity data
- Views of the service or team
- Process maps, local clinical guidelines or policies or service user experience interviews

5.3 Partial or non-compliance

If the trust is not providing services currently in line with NICE recommendations and/or there is local agreement that quality improvement work should take place for a service to meet a NICE recommendation, then an action plan should be generated.

It is good practice to form a small working group to discuss the gaps in compliance or for this to be discussed at existing clinical forums, such as specialty/divisional Clinical Governance meetings.

The actions should be SMARTER (specific, measurable, attainable, relevant, timely, evaluate and re-evaluate).

5.4 Decision not to implement

If a recommendation within a piece of guidance is recorded as partially or non compliant, with no intention of bringing to full compliance, due to issues such as funding, or lack of agreement with the guidance for example, then the reasons for this should be clearly documented on the baseline assessment form.

A risk assessment should also record the reasons and the associated risk and be entered onto the Directorate/Corporate Risk Register where necessary. Please see the Risk Management Strategy.

5.5 Providing Evidence of Assurance

Evidence of assurance will need to be provided for NICE Guidance. While audit data can provide good evidence, audit is not the only source of evidence.

Evidence of assurance can also be provided by way of national audit data that we already collect, local guidelines and policies, treatment pathways, surveys etc. NICE leads could also consider trend analysis from reported incidents for example.

If undertaking an audit, where possible use the audit tools provided by NICE and use the criterion as set out with the recommendations.

The audit must be registered with the audit department. Their contact details can be found on the Trusts intranet.

5.6 Reporting

Outstanding NICE Guidance will be reported to the Divisional Medical Teams and Divisional Governance Teams on a monthly basis by the NICE & Key Documents Manager. Partially or non-compliant guidance will be included within this report, to enable any associated risks to be managed within the division.

The Clinical Governance Group will receive a quarterly report from the NICE & Key Documents Manager.

The divisions will review NICE compliance through their governance meetings and provide assurance to the Clinical Governance Group.

Specialty/Directorate Meeting Level	Divisional Governance Meeting Level	Clinical Governance Group Level
Report at specialty/directorate level to include; • A summary of all new NICE guidance relevant to the specialty/directorate. • Baseline assessments, as presented by Specialty NICE Leads, for all newly published guidance (assessment due for completion within 12 weeks of publication of Technology Appraisals.) **Escalation/ onward reporting to divisional governance meeting;** • Any instances where assessments of Technology Appraisals are overdue at 12 weeks. • Summary of new NICE guidance received and any changes in NICE assessment ratings. • Summary of other types of guidance currently being assessed • Assurance that baseline assessments for NICE guidance have been completed and reviewed at specialty/directorate level. • Assurance that any NICE guidance assessed as being non-compliant or partially compliant with risks/ actions, as relevant, is being managed.	Report from specialty/directorate to include; • Details of any Technology Appraisal assessments that have not been completed within 12 weeks, with plans to correct this. • Details of all other guidance currently being assessed • Summary of new NICE guidance received and any changes in NICE assessment ratings. • Assurance that baseline assessments for NICE guidance have been completed and reviewed at specialty/directorate level. • Assurance that any NICE guidance assessed as being non-compliant or partially compliant with risks/ actions, as relevant, is being managed. **Escalation/ onward reporting to Clinical Governance Group, as part of routine Quality & Safety Report/Presentation;** • Report to include any NICE KPIs where performance is poor, together with corrective actions. • Any partial/non-compliant NICE guidance where there is a risk that patients will not receive treatment that represents NICE recommended standards.	• Receive assurance/ corrective action statements for NICE guidance where performance against the NICE KPIs is poor, together with corrective actions. • Review risks relating to NICE guidance. Exception reporting to QGC.

5.7 Escalation

Responses to Technology Appraisals that are more than 12 weeks since date of publication will be recorded in the monthly Key Performance Indicators. Monthly divisional reports will include details of all guidance that is awaiting an assessment. The quarterly report to the Clinical Governance Group will also include details of outstanding assessments.

5.8 Demonstrating Improvements

Where the publication of NICE Guidance has resulted in an improvement to the service/department, this should be documented using the assessment forms and will be reported to the divisional governance meetings and Clinical Governance Group.

5.9 Continuing Compliance

Continuing compliance with previously issued guidance should be considered every 12 months and the baseline assessment updated to evidence this review.

5.10 Terminated Appraisals

Terminated appraisals issued by NICE will be marked as not applicable in the central NICE record, and will be distributed to NICE Leads for information only.

6. Implementation

6.1 Plan for implementation

The processes around managing NICE guidance are already embedded within the trust, however, newly appointed NICE leads will be provided with the policy and offered 1-2-1 training.

6.2 Dissemination

This policy will be published on the trust's intranet and internet, and will be available through the NICE intranet page. A copy will also be sent to the divisional governance teams and NICE leads.

6.3 Training and awareness

Training will be made available to NICE leads and divisional governance facilitators on a 1-2-1 basis via the NICE & Key Documents Manager.

7. Monitoring and compliance

Monitoring compliance with this policy will be provided through the reporting and escalation processes as previously set out.

Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to:	Frequency of reporting:
Responses to Technology Appraisals to be received within 12 weeks of publication	Monthly KPIs Monthly NICE and Key Documents report to divisional governance teams	Monthly	NICE and Key Documents Team	Clinical Governance Group	Quarterly

8. Policy Review

This policy will be reviewed every 3 years

9. References

Into Practice Guidance **www.nice.org.uk**	

10. Background

10.1 Equality requirements

Details of the Equality Impact Assessment can be found in Supporting Document 1

10.2 Financial risk assessment

Details of the Financial Risk Assessment can be found in Supporting Document 2.

10.3 Consultation

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Specialty NICE Leads
Divisional Management Teams
Divisional Governance Teams
Deputy Chief Medical Officer

10.4 Approval Process

This policy will be approved at the Clinical Governance Group.

Supporting Document 1 - Equality Impact Assessment Tool

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Elaine Chapman	**NICE and Key Documents Manager**	**Elaine.chapman8@nhs.net**
Date assessment completed	**13/07/2022**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: NICE Guidance Policy**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that agreed best clinical practice as defined in NICE Guidance is taken into account in the context of clinical services provided within the organisation.			
Who will be affected by the development & implementation of this activity?	❑	Service User	❑	Staff
	❑	Patient	❑	Communities
	❑	Carers	❑	Other _____
	❑	Visitors	❑	

Is this:	❑ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NICE consider EIA impact for every individual piece of guidance
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Disability	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Gender Reassignment	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Marriage & Civil Partnerships	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Pregnancy & Maternity	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Race including Traveling Communities	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Religion & Belief	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Sex	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				the NHS
Sexual Orientation	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			Recommendations set by NICE are put in place to ensure there is continuity of care throughout the NHS

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	E Chapman
Date signed	13.07.2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1 – Baseline Assessment Form

NHS
Worcestershire
Acute Hospitals
NHS Trust

NICE Baseline Assessment

Assessing our Services against NICE Recommendations

Technology Appraisals assess the clinical and cost effectiveness of health technologies, such as new pharmaceutical and biopharmaceutical products and procedures, devices and diagnostic agents. This is to ensure that all NHS patients have equitable access to the most clinically and cost-effective treatments that are viable

You have been identified as the lead individual/group responsible for the assessment of compliance against the NICE Guidance:

Insert reference number and title of guidance

This form takes you through the steps required to make a full assessment. Please involve all key individuals when working through this form.

Is the guidance relevant to our trust? **Yes** ☐ **No** ☐

If NICE do NOT recommend the use of this drug/treatment, please tick here to confirm that this will not be available/used in line with the NICE recommendations ☐

(please note that this will still require brief discussion for information purposes at specialty/divisional meetings, but only this front page of the form will need completing)

Specialty: Click here to enter text.

Division: Click here to enter text.

Owner: Click here to enter text.

Published Date: Click here to enter text.

Date Assessment Completed Click here to enter text.

Please note that Technology Appraisals must be responded to within 12 weeks of publication

Individuals involved in assessment:

Click here to enter text.

Committees/Groups involved in assessment/approval of compliance rating:

Name of Committee	Date of meeting

Technology Appraisal

NHS
Worcestershire
Acute Hospitals
NHS Trust

1. Are the recommendations within the guidance in line with current practice?

Yes ☐ (fully compliant) In part ☐ (partially compliant) No ☐ (Non compliant)

If recorded as Fully Compliant, please give a brief statement below summarising our full compliance and then move to section 7.

Click here to enter text.

If recorded as partially or non-compliant, please complete the following sections

2. Please provide details of which recommendations we are not compliant with and why

Recommendation	Reasons for non compliance	Plans to increase the level of compliance? Y/N

3. Where there are plans to improve the level of compliance has an action plan been developed?

Yes ☐ No ☐ N/A ☐

4. Will the completion of these actions result in a change/improvement to clinical practice?

Yes ☐ No ☐ N/A ☐

Please give details

Click here to enter text.

Technology Appraisal

NHS
Worcestershire
Acute Hospitals
NHS Trust

5. What are the clinical implications of not implementing the guidance in full?

Click here to enter text.

6. Has a risk assessment been undertaken for areas of non/partial compliance?

Yes ☐ No ☐ N/A ☐

Please give details

Click here to enter text.

7. How will assurance of our on-going compliance be provided?

(Evidence of assurance can be provided by way of national audit data that we already submit to, local guidelines and policies, treatment pathways, local audit, MDT meetings etc)

Click here to enter text.

8. How will you/your specialty ensure that all relevant clinical and nursing staff are made of this guidance and the trusts compliance with it?

Click here to enter text.

9. Supporting information details (titles of key documents, audit IDs etc)

Click here to enter text.

Please forward any documents that support compliance and/or assurance, along with this completed baseline assessment via email to the NICE and Key Documents Team.
Elaine.Chapman8@nhs.net

Technology Appraisal