# Implementing NICE Guidance

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1. SUMMARY

The aim of this document is to set out a policy to ensure that guidance published by the National Institute for Health and Clinical Excellence (NICE) is implemented within the Trust.

In terms of scope, this policy covers registration of the guidance, recording of a baseline position, implementation, monitoring and reporting. The document has been developed taking into account guidance on “How to put NICE Guidance into Practice” published by NICE (2005) and “How to Change Practice” (2007) which aim to ensure that NICE Guidance is translated into local action.

2. BACKGROUND

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on treatments and care. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care.

NICE Guidance is issued in a number of forms, as detailed below, and can be found on the NICE website (www.nice.org.uk):

- **Clinical Guidelines (CGs)**
  Appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. Healthcare organisations should ensure they take into account NICE Clinical Guidelines when planning and delivering care, as appropriate.

- **Technology Appraisals (TAs)**
  Use of new and existing medicines and other treatments within the NHS, for example medicines, medical devices, diagnostic techniques, health promotion activities and surgical procedures. Technology Appraisals must normally be implemented and funded within three months from the date of their issue (unless specifically exempted).

- **Public Health Guidance**
  Cover broad aspects of disease prevention or health promotion. There are two types of public health guidance:-
  1) Public Health Intervention Guidance
  2) Public Health Programme Guidance

- **Interventional Procedures**
  Cover the safety and efficacy of surgical procedures.

3. DEPARTMENT OF HEALTH STANDARDS

All Trusts are expected to comply with NICE Guidance as indicated in “Standards for Better Health” (2004) and by the “National Standards, Local Action, Health and Social Care Standards and Planning Framework” (2005-2008). Implementation of the recommendations made by these standards has been recently reinforced by the Health Care Commission in their “Assessment for Improvement: The Annual Health Check”.

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1 Interventional procedures do not fall within the remit of this policy as they are not applicable to mental health practice within Lincolnshire Partnership NHS Foundation Trust
“Standards for Better Health” are the standards behind the Annual Health Check (2006) and are represented in the Trust’s Integrated Governance Plan and the Trust’s Clinical Effectiveness Strategy: Delivering Best Practice (OPR/54) respectively.

Core standards set out the minimum level of service patients and service users have a right to expect. Developmental standards provide a framework for NHS bodies to plan the delivery of service. The following standards refer specifically to NICE guidance (although implementing NICE guidance may help NHS bodies meet some of the other standards).

The Healthcare Commission will assess how NHS organisations perform against these standards. Implementing NICE guidance will help organisations meet the following Core and Developmental Standards:

### Core Standards

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<th>Standard</th>
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| C3       | • protect patients by following NICE interventional procedures guidance  
  **NICE interventional procedures guidance** |
| C5       | • take into account nationally agreed guidance when planning and delivering treatment and care.  
  • ensure that they conform to NICE technology appraisals (normally within three months of being published)  
  **NICE clinical guidelines**  
  **NICE technology appraisals** |
| C16      | • make information available to patients and the public on their services  
  • provide patient’s with suitable and accessible information on care and treatment  
  • inform patients what to expect during treatment, care and after-care  
  **NICE patient information** |
| C22/23   | • promote, protect and demonstrably improve the health of the community served, and narrow health inequalities  
  • have systematic and managed disease prevention and health promotion programmes that meet the requirements of the National Service Frameworks and national plans  
  **NICE public health guidance** |

### Developmental Standards

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| D2       | • provide patients with effective treatment and care that conforms to nationally agreed best practice  
  **NICE clinical guidelines**  
  **NICE implementation tools** |
| D13      | • take into account current and emerging policies and knowledge on public health }
4. POLICY STATEMENT

Lincolnshire Partnership NHS Foundation Trust (LPFT) is committed to the timely implementation of NICE Guidance unless there are specific reasons that have been endorsed by the Trust Board.

Implementation of NICE Guidance by the Trust does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and/or their guardian or carer (if appropriate). If such a decision means that NICE guidance is not followed for an individual patient, the reasons must be fully recorded in the patients' medical records; such decisions would not be expected to be the norm.

5. ROLES AND RESPONSIBILITIES

5.1 Commissioners
Commissioners have a responsibility to support implementation, and adherence to, NICE Guidance.

5.2 The Trust

The Trust will endeavour to implement Technology Appraisals (TA’s) within three months of their issue, unless there are exceptional circumstances for not doing. Any decision not to implement guidance will be approved by the Trust Board. Clinical Guidelines (CG’s) will be phased in as appropriate and as available resources permit. For CG’s this will be undertaken in line with targets for implementation detailed in individual guideline action plans.

The Trust adopts a systematic approach to financial planning in line with directions given by the Audit Commission (see, “Managing the Financial Implications of NICE Guidance”, 2005). An established framework will be used to ensure that the financial implications of NICE Guidance are managed and to ensure that funding is secured (where available) for implementation. The Trust’s financial plans detail all activities for the forthcoming financial year; based on the forward planning of estimated costs for implementing technology appraisals and future resource requirements for the implementation of clinical guidelines/public health guidance. These will include the ongoing costs of treatment and care recommended by guidance previously implemented.

A procedure for the implementation of NICE Guidance has been developed (see Appendix A) and includes processes for:

- identifying relevant NICE guidance including forward planning
- disseminating NICE Guidance
- conducting an organisational gap analysis
The integration of NICE Guidance implementation into financial planning and budgeting processes taking a business case approach that identifies costs and savings associated with implementation (see Appendix B).

- Ensuring that NICE recommendations are acted upon throughout the organisation
- The recording of decisions not to implement NICE Guidance
- Monitoring compliance with all of the above and the reporting mechanisms necessary to evidence this.

Where gap analysis demonstrated that LPFT is not compliant with specific guidance an action plan will be developed. Action plans and will include the named individuals responsible for each action and a date for completion. Monitoring of implementation will be undertaken by the Clinical Practice and Policy Committee who will provide assurance to the Trust Board. Clinical audit methodologies will be used to evaluate/monitor implementation and compliance.

Any decision not to implement NICE Guidance or intentional decisions/reasons for not progressing towards full compliance must be approved by the Clinical Policy and Practice Committee, and endorsed by the Trust Board. Where appropriate these may be recorded on the Trusts risk register.

The Trusts Chief Executive is ultimately accountable for the implementation of all NICE Guidance.

5.3 Medical Director
Is the executive lead responsible for delivering clinical governance trust-wide and the implementation of, “Clinical and Cost Effectiveness” (Domain 2) as detailed in the DoH’s “Standards for Better Health” (2004). This domain incorporates the implementation of NICE Guidance and associated standards.

5.4 NICE Management/Implementation
Is led by the Medical Director who is responsible for providing assurance with respect to the Trust’s adherence with the health care standards (core and developmental) relating to NICE Guidance Implementation including the overall co-ordination, planning and monitoring of NICE implementation within and across Services.

The Assistant Director of Research and Effectiveness is the responsible operational lead, responsible for co-ordination of NICE management/implementation within the Trust, including:

- Disseminating guidance to key groups and supporting awareness raising activities e.g. educational events
- Assisting forward planning activities
- Advising on business case development
- Co-ordinating the delivery of financial plans in conjunction with the Finance Dept.
- Ensuring effective processes for monitoring and feedback
- Producing regular board reports on implementation, including audits and evaluation, highlighting areas of non-compliance and risk
- Providing technical support where evidence is questioned or needs updating
- Advising on the development/revision of local policies, procedures, guidelines and pathways related to NICE implementation
• updating this policy as new directions are released

The Assistant Director of Research and Effectiveness will send quarterly reports on progress with the implementation of guidance (via highlight/exception reports) to the Trust’s Clinical Policy and Practice Committee and will make recommendations regarding issues relating to non-compliance. These may be detailed in the Trust’s risk register where appropriate.

5.4 Clinical Policy and Practice Committee

Is a decision making body led by the Trust’s Medical Director (Chair) that report progress to the Trust’s Board of Directors via the Trust’s Clinical Quality and Risk Committee. They are a multidisciplinary team who work with the Chair and the Assistant Director Research and Effectiveness to provide overall co-ordination, planning and monitoring of NICE implementation within and across Services. The Clinical Policy and Practice Committee seek to collaborate where possible with others working across the health community in order to reduce the duplication of effort and to ensure a co-ordinated standardised response to each piece of NICE guidance.

The committee is responsible for:

• ensuring compliance with Core and developmental standards relating to the implementation of NICE guidelines;
• making a statement of case to the Trust’s Board of Directors (Via the Quality and Risk Committee) in any instances where full compliance is not considered appropriate, or implementation is not possible within required timescales.
• recording relevant implementation issues on the Trust’s risk register
• ensuring that effective audit and monitoring arrangements are in place
• ensuring that effective forward planning occurs (horizon scanning), and that appropriate financial arrangements are in place
• noting any NICE Guidance that is fully implemented within the Trust and ‘sign off’ of such implementation
• ensuring that any parallel/supporting Trust guidelines/pathways have been developed/updated accordingly and approved.
• Referring to the Trust Board of Directors any decision not to implement NICE Guidance or intentional decisions/reasons for not progressing towards full compliance. Instances of intentional non-compliance or partial compliance agreed by the Trust Board will be reviewed by Clinical Policy and Practice Committee to ensure appropriate Trust guidelines are in place, or to highlight the need for their development.

The Clinical Policy and Practice Committee will hold service implementation leads accountable for implementation.

5.5 Services

General Managers and Heads of Services, will be responsible for implementing those aspects of NICE Guidance that apply to their area of responsibility. They will identify a lead for implementing each piece of guidance that falls within their remit (a champion may also be nominated to facilitate implementation across each service). For the purposes of this policy and the attached procedure (see Appendix A) this individual will be known as the ‘Implementation Lead’. They will be responsible for:

• Reviewing new NICE Guidance.
Preparing a position statement which identifies the current level of compliance and the implications of achieving compliance (e.g. resource implications).

Identifying implications for workforce i.e. new ways of working, recruitment issues, training etc.

Detailing resource implications using the Trust’s business case pro-forma (to be forwarded to both the Assistant Director of Research and Effectiveness and Deputy Director of Finance).

Raising awareness across relevant teams/staff of the publication of the guidance using NICE presentation slides where available

Developing an action plan for achieving full compliance with TA’s that ensures they are implemented within 3 months of guidance being issued. For CG’s action planning may be over and agreed timescale. In all action planning specific actions required will be detailed, each with a target implementation date and the individuals responsible for their implementation named.

Drafting a statement of case for their General Manager/Head of Service in situations where full compliance is not considered appropriate by the clinical team, (for example, where the evidence base is considered to be out of date), or where action plans or implementation are not possible within the above timescales. The Assistant Director of Research and Effectiveness should also be notified.

Linking plans for achieving compliance in, or with, the Service Business Development Plan. NICE Guidance implementation should be a priority.

Reviewing progress with implementation against actions plans quarterly. Where significant issues arise the problem/exception must be raised with the Assistant Director of Research and Effectiveness immediately.

Including review of compliance against NICE Guidance as part of the annual Trust Clinical Audit Programme.

Notifying the Assistant Director of Research and Effectiveness when the Trust/service is compliant with a piece of guidance.

A pathway detailing the procedural aspects of implementation can be found in Appendix C.

5.6 Trust Board of Directors
The Trust Board will:

Approve annual work programme
Receive an annual report on overall progress with implementing NICE Guidance
Receive quarterly exception reports (when applicable)
Review and where appropriate endorse exception reports for NICE Guidance that is not considered appropriate to be fully implemented, or cannot be implemented within required timescales.
Sign off declarations for the Healthcare Commission’s assessment process around the implementation of NICE Guidance

5.7 Medicines Management Committee
For NICE Technology Appraisals relating to medicines, the Implementation Lead will produce a report and review to be assessed by the Trust’s Medicine Management Committee (MMC). The MMC will perform an assessment of the reported status and performance of the Trust for each medicines related Technology Appraisal. Medicines Management will also identify the risks associated with non-compliance and advise on all matters relating to NICE implementation where medicines issues are indicated.
status will be reported to the Trust’s Assistant Director of Research and Effectiveness who will inform the Clinical Quality and Risk Committee.

If the Trust is not considered to be fully compliant, the Implementation Lead will be responsible for ensuring that an action plan is developed for achieving full compliance.

5.8 **Health Professionals**
Once a piece of NICE Guidance has been implemented within the Trust, and endorsed by the Clinical Quality and Risk Committee, health professionals will be expected to take it into account when exercising their clinical judgment. However, NICE Guidance does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and/or their guardian or carer (where appropriate). If such a decision means that NICE Guidance is not followed for an individual patient, the reasons must be fully recorded in the service users/patients’ medical records.

6. **EQUALITY AND DIVERSITY STATEMENT**
Lincolnshire Partnership NHS Foundation 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.

7. **REFERENCES**


National Institute for Health and Clinical Excellence (2007): How to Change Practice

8. **CONSULTATION**
This policy has been developed following discussions with relevant responsible leads and committees and will be circulated through a Trust-wide consultation process.
It is important to have a systematic approach to implementing guidance. The steps described in this procedure have been endorsed by NICE (2005) and based on effective models of implementation (see systematic reviews of Fixen DI, Naoom SF, Blasé Ka, et al (2005); Grol R, Wensing M, Eccles M (2004) and Greenhalgh T, Robert G, Bate P, et al (2005). This procedure should be read in conjunction with the Trust’s Policy for Implementing NICE Guidance and in particular with the section on ‘Roles and Responsibilities’ contained within it.

1. PLANNING AHEAD (horizon scanning)
In advance of NICE Guidance being published implementation Leads will be assigned. Stakeholders should also be identified, and responsibilities of organisations (where appropriate) determined. In addition requirements for baseline information may be agreed at this early stage and some draft action planning undertaken. Consideration should be given to potential ‘gaps’ as well as staffing and training requirements and capacity issues. If feasible, the business case pro-forma should be used at this early stage and estimates of costing made (including capital allocations e.g. equipment and revenue costs. Support/advice regarding costing is available via the Assistant Director of Research and Effectiveness. It will be important to keep the Assistant Director Research and Effectiveness informed of implementation progress as developments occur. The Assistant Director of Research and Effectiveness will report progress and/or make exception reports (when required) to the Clinical Quality and Risk Committee periodically.

2. RECEIPT, RECORDING AND DISSEMINATION
The Assistant Director of Research and Effectiveness is notified of and screens for relevance all new publications of NICE Guidance as well as those available in draft for consultation. These are entered into a Trust data base upon receipt and disseminated to relevant services and key health professionals in the organisation. Service leads are responsible for cascading guidance to staff. An Implementation Lead is assigned (if not already identified) and agreed with appropriate input from the relevant services.

3. IMPLEMENTATION PROCESS

(i) Technology Appraisals- TA’s
Key steps for the implementation general manager/head of service/implementation lead to consider:

a) Relevance
- Whether it is relevant to the organisation
- Whether the recommendations have an impact on other organisations in the health community and if so whether a collaborative approach to implementation planning is needed
- If the guidance is not relevant, the Assistant Director of Research and Effectiveness should be informed.
- A position statement must be forwarded to the Assistant Director of Research and Effectiveness (within 1 month of issue of published guidance) anticipated level of compliance (see Appendix E which contains definitions for reporting purposes) and
any implications for achieving compliance. Until a position statement is received the status will remain “under review”.

b) Clinical Lead

- Where guidance is relevant a clinical lead/s will need to be determined for relevant services (and in other organisations when appropriate). A champion may also be nominated to facilitate implementation across each service.

c) Baseline assessment (gap analysis)

- In order to identify what may need to change in light of the guidance a baseline assessment should be undertaken comparing current practice against the recommendations in the guidance. This could be gathered through informal discussions or by using a questionnaire/audit tool. A preliminary assessment could even be based on draft guidance.

Consider:
- patient numbers (NICE sometimes details prevalence rate)
- staffing/workforce needs
- equipment and training
- budget planning
- configuration of services

d) Develop action plan and assess cost

If a gap analysis indicated that we are not compliant with the recommendations a business case and an action plan will need to be developed detailing the full steps required to meet implementation of the guidance (examples of action plan formats are available from the Trust’s Research and Effectiveness Department). Achieving full compliance with TA’s should be undertaken within 3 months of them being issued.

- Assess the cost to implement the action plan and achieve compliance (it may be possible to make some changes using existing resources, or there may be potential for savings to be achieved, or capacity to be freed up for other things.
- Action plans should be forwarded to the Assistant Director of Research and Effectiveness
- Business cases should be forwarded to the Assistant Director Research and Effectiveness and Deputy Director of Finance who will transfer information to a NICE costing template (where available).

e) Implement the plan

- In most cases funding for implementing TA’s should be made within 3 months from the date NICE issues. Where the 3 month funding direction is waived this will be stated in the guidance.
- Once funding is in place steps should be taken to put the action into practice
- Develop/update accordingly parallel/supporting Trust practice guidelines/care pathways ensuring approval is gained from the Clinical Policy and Practice Committee before implementation.

f) Review and monitor (for full details of monitoring arrangements see Appendix E)

- Audit of compliance with individual NICE Guidance will be included on the Trust’s annual Clinical Audit Programme
- Suggested audit criteria are usually provided with each piece of NICE Guidance. (The Trust’s has a robust audit process in place - audit advice is available from the Research and Effectiveness Department)
• For medication related audits the Trust pharmacy team will assist as necessary. Findings to be fed back via the Research and Effectiveness Department.

(ii) Clinical Guidelines-CG’s

NOTE: Key steps for implementation here are the same as steps a-d as detailed in the previous section:

e) Action planning and costing
• Is similar to corresponding section above but note that the timescales are different more flexible to permit implementation over time where necessary i.e., the action plan is likely to include multiple milestones over a period of time as determined. Action plans to be forwarded to the Assistant Director of Research and Effectiveness who will forward to the Trusts Clinical Policy and Practice Committee for discussion and approval. Discrete funding is not usually available for this type of guidance.

f) Onward dissemination and implementation of plan
• It is important to ensure onward dissemination of guidance and to let people know about how it is being implemented. NICE sometimes provide ‘slide sets’ to provide framework for discussion at a local level to a variety of audiences. They do not contain all recommendations but key messages. Slide sets are often provided by NICE and will provide a framework for discussion amongst staff.

g) Review and Monitor
• Is the same as detailed in the corresponding section for technology appraisals.

Reporting on progress or exceptions (when applicable) should be made quarterly to the Assistant Director of Research and Effectiveness.

5. REFERENCES


MANAGING THE FINANCIAL IMPLICATIONS OF NICE GUIDANCE

Advice on completing Trust Business Case Pro-forma

When completing the Trust business case proforma it may be useful to incorporate the following information:

NICE number and title:
Date of Publication:
Clinical lead:
Managerial lead:

Outline the recommendations coming from the document.

Background:
Background information should include any information to assist in the understanding of the procedure/guidance or the use of the drug. Including:
- Prevalence and incidence of the condition
- Catchment population
- Changes to patterns of referrals that may arise from the guidance

Process:
Endeavour to describe:
- What is required to implement the procedure or prescribing of drugs
- Who will be responsible for administering/prescribing the procedure/drug
- Where it will be undertaken
- How the implementation will happen, and the arrangements required for ongoing management and care

Where there is both primary (involving G.P services) and acute mental health care involvement with implementation, clearly state the responsibilities of each.

Implications:
If compliance is achieved with current practice, please supply evidence, such as an audit report.
If compliance is not yet achieved, consider what needs to happen to fully embrace the guidance.
Identify the implications to patients and the Trust if the guidance is not adopted.

Finance:
Consider the financial impact of the NICE document.
Can the requirements of the appraisal be absorbed into current practice?
If additional funding is required for implementation, clearly identify the additional costs which will be incurred - (please use Trust business case template to help identify costs)
### Advice
Clinical audit department to maintain Forward planning reports – distributed to staff on regular basis

### Receipt and Recording
New publications entered into a Trust data base and disseminated to relevant services for distribution. Implementation lead assigned in consultation with services

### Implementation Process
Baseline assessment should be undertaken – comparing current practice against NICE recommendations. Information gathered through clinical audit. Consider:
- Patient numbers
- Staffing/workforce needs
- Equipment and training
- Budget planning
- Configuration of services

If not compliant with recommendations, develop:
- Business case
- Action plan
- Achieve full compliance with TAs within 3 months of publication
- Action plans and business cases to be forwarded to Assistant Director of R&E.
- Guideline Champion appointed by service lead

### Develop Action plan and assess cost
**TAs** - within 2 months of publication  
**CGs** - within 6 months of publication

### Implement the Plan
- Funding for TAs should be made within 3 months from publication.  
- CGs action plan to be updated regularly over a period of time.  
- Once funding in place, put the action into practice

### Review and monitor
- Audit of compliance with guidance included on Trust annual Clinical audit programme  
- Audit criteria and implementation advice provided with NICE guidance  
- Reporting on progress or exceptions to be made to Asst.Director of R&E.

### Audit Support
- Clinical Audit Department available at all stages to give advice and support on developing audit tools, data collection methods and completion of audit proposal form
- Audit report writing support provided

### Action Planning – Implementation progress
- Advice/support provided for action plan development and maintenance with both leads and Guideline ‘champions’.

### Regular NICE Guideline and TA implementation reports distributed throughout the Trust and published via Trust intranet.

### Action Planning
- ‘Acting on the Evidence’ form sent to implementation lead for completion  
- Database entry made and updates maintained.

### Clinical Audit Department available at all stages to give advice and support on developing audit tools, data collection methods and completion of audit proposal form

### Dissemination
- Action plans disseminated to all service leads and Guideline ‘Champions’

### Report/Monitor
- Clinical Audit programme and data base maintained  
- Exceptions fed into issue log  
- Actions to follow monitored

### Plan Ahead (horizon scanning)
In advance of publication, implementation leads will be assigned, stakeholders identified and organisational responsibilities determined. Draft planning undertaken

### NICE Guideline Implementation Pathway

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**LPFT OPR50 v.3 August 2010**

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APPENDIX D

Definitions for Reporting Purposes

Under Review

In the process of being reviewed by the Implementation Lead to establish the Trust’s current position against the guidance and develop an action plan for achieving compliance.

Compliant

The Trust is fully compliant with the Guidance i.e. doing what the Guidance indicates we must do: not doing anything the Guidance indicates we should not do: considering or having considered a course of action which NICE has recommended be considered.

Implementation of NICE Guidance by the Trust does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and/or their guardian or carer. If such a decision means that NICE Guidance is not followed for an individual patient, the reasons must be fully recorded in the patients’ medical records.

Partially Compliant

The Trust is working towards full compliance.

Non-Compliant

The Trust is not working towards full compliance. For example, if the evidence is considered by a body of clinicians to be out of date; drugs that were not licensed at the time of the issue of the Guidance have now been licensed, or lack of funding is making it impossible to implement.
## Appendix E

Policy Monitoring, Audit and Feedback Summary: Best Practice

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<thead>
<tr>
<th>Systems in place to monitor the process for identifying and disseminating national clinical guidance to the Trust including lessons learnt</th>
<th>Measurables</th>
<th>Lead Officer/Group</th>
<th>Frequency</th>
<th>Reporting to</th>
<th>Action Plan/Monitoring</th>
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<tr>
<td>Horizon Scanning/Forward Plan</td>
<td>Research &amp; Effectiveness Dept.</td>
<td>Quarterly progress and exception reports on implementation progress/including all measurables/gap analysis e.g via. Clinical Audit</td>
<td>Clinical Policy &amp; Practice Committee</td>
<td>Clinical Policy &amp; Practice Committee (monitoring and approval)</td>
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<td>Guidance, source and date received entered on appropriate research and effectiveness department data bases with named lead/s.</td>
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<td>Research and Effectiveness Department</td>
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<td>Completed reviews of guidance for appropriateness by named lead/s.</td>
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<td>Divisional Management Teams (action plan)</td>
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<td>Base line audits undertaken &amp; action plans developed for NICE</td>
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<td>Systems in place to conduct an organisation gap analysis</td>
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<td>Guidance/clinical guidance Implementation and Clinical Audit findings</td>
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<td>Business Cases Developed</td>
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<td>Service changes resulting in guidance implementation detailed through annual re-audit</td>
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<td>Base-line audits (re-audits) of compliance</td>
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<td>Research &amp; Effectiveness Department</td>
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<tr>
<td>Quarterly Highlights Audit report</td>
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<td>Monthly Service Line Reporting</td>
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<td>Quarterly Audit Highlights Report</td>
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<tr>
<td>Clinical Policy and Practice Committee</td>
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<tr>
<td>Clinical Policy and Practice Committee (monitoring)</td>
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<tr>
<td>Divisional Management Teams (action plan)</td>
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<tr>
<td>Process for ensuring recommendations are acted upon</td>
<td>Re-audits to measure progress against action plans</td>
<td>Research and Effectiveness Department</td>
<td>Audit reports</td>
<td>Findings disseminated to Divisional Management Teams</td>
<td>Clinical Policy and Practice Committee (monitoring)</td>
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<tr>
<td>Process for documenting any decision not to implement NICE guidance</td>
<td>Documented on departmental database and recorded on Trust Risk register where appropriate</td>
<td>Research and Effectiveness Department</td>
<td></td>
<td>Clinical Policy and Practice/Trust Board of Directors</td>
<td>Clinical Policy and Practice Committee</td>
</tr>
<tr>
<td>Systems in place to monitor the implementation of NICE and other national guidance into practice including use of support tools</td>
<td>Compliance status recorded on Departmental database</td>
<td>Research &amp; Effectiveness Department</td>
<td>Quarterly Report</td>
<td>Clinical Practice and Policy Committee</td>
<td>Clinical Policy and Practice Committee (Approval)</td>
</tr>
<tr>
<td>Action plans/responsible lead recorded and targets monitored</td>
<td>Divisional Management Teams</td>
<td>Quarterly Report</td>
<td></td>
<td>Divisional Management Teams</td>
<td>Divisional Management Teams</td>
</tr>
<tr>
<td>Business cases developed/submitted including financial costing templates</td>
<td>Divisional Management Teams</td>
<td>As required</td>
<td></td>
<td>Divisional Management Teams</td>
<td></td>
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<tr>
<td>Annual re-audit (Trust Audit Programme)</td>
<td>Research &amp; Effectiveness Dept.</td>
<td>Quarterly Report</td>
<td>Clinical Policy and Practice Committee</td>
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<tr>
<td>Integrated Care Pathways &amp; Variance Reporting</td>
<td>Research &amp; Effectiveness</td>
<td>Quarterly</td>
<td>Clinical Quality and Risk Committee</td>
<td></td>
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<tr>
<td>Review of Trust Policy (and procedure) for the Implementation of NICE Guidance</td>
<td>Assistant Director of Research &amp; Effectiveness</td>
<td>Annual review</td>
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<tr>
<td>Clinical Effectiveness Strategy</td>
<td>Assistant Director of Research &amp; Effectiveness</td>
<td>Annual Review</td>
<td></td>
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</tr>
<tr>
<td>Annual Report to Board of Directors</td>
<td>Assistant Director Research &amp; Effectiveness</td>
<td>Annual Review</td>
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</tbody>
</table>
### INITIAL EQUALITY IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th>Directorate: Clinical Governance/Medical</th>
<th>Function to be Assessed: Policy &amp; Procedure for implementing NICE guidance</th>
<th>Existing or New Function: Amendment</th>
<th>Assessment Date: 27th August 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Briefly describe the aims, objectives and purpose of the function:</td>
<td>To set out a policy to ensure that guidance published by NICE is implemented in the Trust</td>
<td>Compliance with the recommendations of NICE guidelines</td>
<td></td>
</tr>
<tr>
<td>2. Who is intended to benefit from this function, and in what way?</td>
<td>Service users - through improved clinical practice and evidence based treatment</td>
<td>Financial constraints/non-compliance</td>
<td></td>
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<td>3. What outcomes are wanted from this function?</td>
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<td>4. What factors/forces could/ contribute/ detract from these outcomes?</td>
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<td>5. Who are the main stakeholders in relation to the function?</td>
<td>Health and Social care professionals/medical staff/service users</td>
<td></td>
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<tr>
<td>6. Who implements the function, and who is responsible?</td>
<td>Strategically – Medical director Operational – Assistant Director – Research &amp; Effectiveness/ Service leads/NICE Guideline champions</td>
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<tr>
<td>7. Are there concerns that the function has a differential impact on the following groups and what existing evidence (either presumed or otherwise) do you have for this?</td>
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</table>

LPFT OPR50 v.3 August 2010 19
<table>
<thead>
<tr>
<th>Race</th>
<th>No</th>
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<tbody>
<tr>
<td>Disability</td>
<td>No</td>
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<tr>
<td>Age</td>
<td>No</td>
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<tr>
<td>Gender</td>
<td>No</td>
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<tr>
<td>Religion or Belief</td>
<td>No</td>
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<tr>
<td>Sexuality</td>
<td>No</td>
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</tbody>
</table>

If the answer to question 7 is ‘YES’, a partial EIA must be completed.

Should the function proceed to a partial impact assessment?  

| Y | N |

If no, please state date of next review:

Date on which partial impact assessment to be completed by:

I understand the impact assessment of this function is a statutory obligation and that, as owners of this function, we take responsibility for the completion and quality of this process.

Signed (Assessor): [Name]  
Date: [Date]

Signed (Section Head): [Name]  
Date: [Date]

Print Name: [Name]  
Signed (Assessor): [Name]  
Date: [Date]

Print Name: [Name]  
Signed (Section Head): [Name]  
Date: [Date]