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# Implementing NICE guidance

- The **National Institute for Health and Clinical Excellence (NICE)** was established to provide national guidance on the promotion of good health and the prevention of ill health. NICE guidance is integral to a standards-based healthcare system.
- NICE issues four types of guidance: **technology appraisals, clinical guidelines, public health guidance** and **interventional procedures**.
- Implementation of NICE guidance helps to ensure consistent improvements in people's health and equal access to healthcare; however, there are many known challenges to implementing NICE guidance.
- **Key elements to successful implementation** are: **board support** and **clear leadership**, provision of a **dedicated resource** (a **NICE manager**), support from a **multidisciplinary team**, a **systematic approach to financial planning and implementing guidance**, and a process to **evaluate uptake and feedback**.
- NICE has set up a programme to help support implementation of its guidance and many practical resources are now available on its website.
- **General implementation tools** include a guide to help organisations implement its guidance, advice on how to change practice and how to overcome barriers, as well as a 'forward planner'.
- **Guidance-specific implementation tools** include slide sets, audit support tools, costing tools, implementation advice and commissioning guides.
- Other useful resources available on the NICE website are the '**shared learning**' **database** with examples of local implementation projects and the '**evaluation and review of NICE implementation and evidence**' (**ERNIE**) **database**.

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## Implementing NICE guidance

### Introduction

The **National Institute for Health and Clinical Excellence (NICE)** was set up as a special health authority in April 1999. It was established to provide national guidance on the **promotion of good health** and the **prevention of ill health** in a robust and reliable way. It has grown considerably since its establishment and is now the primary source of clinical standards based on clinical and cost-effectiveness in England, Wales and Northern Ireland.

NICE guidance and clinical guidelines are integral to a standards-based healthcare system. They have a key role in supporting improvements in service quality. The performance of healthcare organisations is based not just on whether they achieve national targets but, increasingly, on whether they are delivering high quality standards across a wide range of areas, including NICE guidance. The Care Quality Commission (formerly, Healthcare Commission), in its annual review of NHS trusts in England, assesses compliance with NICE technology appraisals and guidance.<sup>1,2</sup>

### NICE guidance

NICE issues four types of guidance.<sup>3</sup>

#### 1. Technology appraisals

Technology appraisals provide guidance on the use of new and existing technologies including drugs, medical devices and procedures. They consider the clinical and cost-effectiveness of the technologies.

The NHS in England and Wales is legally obliged to provide funding for recommended technology appraisals, usually within three months unless advised by NICE that a longer period of implementation may be necessary. NHS bodies are responsible for taking whatever steps are necessary to promote the uptake of recommendations.<sup>4</sup>

#### 2. Clinical guidelines

Clinical guidelines recommend appropriate

care and treatment of people with specific diseases and conditions. They are based on the best evidence available, taking account of clinical and cost-effectiveness.

#### 3. Public health guidance

The NICE Centre for Public Health Excellence develops guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities, the wider public and voluntary sector. There are two types of public health guidance.

- **Interventional guidance provides recommendations on activities provided by organisations to help to promote or maintain healthy lifestyles; for example, exercise promotion.**
- **Programme guidance deals with broader activities for the promotion of good health and prevention of ill health; for example, mental health promotion or strategies to give up smoking.**

#### 4. Interventional procedures

NICE makes recommendations as to whether a procedure used for diagnosis or treatment is safe enough and works well enough to be used routinely. An interventional procedure is a procedure for diagnosis or treatment that involves making an incision to gain access to the inside of a patient's body or using electromagnetic radiation. An example is electrosurgery (diathermy and coblation) for tonsillectomy, where NICE cautions against excessive use of diathermy and highlights the importance of appropriate training for clinicians and audit of the techniques.<sup>5</sup>

NICE guidance is not applicable to all countries in the UK. The applicability is shown in Table 1.<sup>6</sup>

### Implementation strategy

Implementation of NICE guidance helps to ensure consistent improvements in people's health and equal access to healthcare. Putting NICE guidance into practice benefits everyone – patients, NHS organisations,

**Table 1. Applicability of NICE guidance in the UK<sup>6</sup>**

Country	Technology appraisals	Clinical guidelines	Interventional procedures	Public health guidance
England	Yes	Yes	Yes	Yes
Wales	Yes	Yes	Yes	No
Scotland	Yes*	No	Yes	No
Northern Ireland	Yes**	Yes	Yes	No

\* With advice from NHS Quality Improvement, Scotland

\*\* With advice from the Department of Health, Social Services and Public Safety, Northern Ireland

healthcare professionals, public health practitioners, policy makers and local authorities.

Implementing NICE guidance is a considerable challenge. In 2005, the Audit Commission found that only 25% of NHS bodies could verify that NICE technology appraisals had been implemented within three months of publication. The rate of implementation of clinical guidelines was even lower.<sup>7</sup>

The implementation of NICE guidance is associated with many known challenges, including the sheer volume of published guidelines, competing priorities, a lack of resources and a lack of organisational support. Action to support implementation should not fall on any single body, but a broad partnership needs to be established to share the workload. There is no ideal strategy of intervention that will guarantee effective implementation of all guidance. NICE recognises that implementation is an area where the NHS requires a range of support mechanisms and the organisation has consulted widely on how best to achieve this. Implementation appears to be more successful when clear integrated arrangements spanning both primary and secondary care are developed.

The reformed Pharmaceutical Price Regulation Scheme will bring NICE guidance and NHS policy closer together through incentive schemes aligning the Quality and Outcomes Framework for general practice with NICE guidance and Payment by Results.<sup>8</sup>

To implement NICE guidance, local health economies need to work together to:

- Plan in advance for the issue of NICE guidance
- Ensure that funding and other resources are available when needed
- Develop coherent arrangements for implementation involving all key players in the local health economy, covering resources, training and any infrastructure requirements
- Take steps to disseminate and promote guidance to clinicians
- Assess the uptake of guidance locally, and identify and try to overcome any barriers to implementation
- Take steps to let patients know that the guidance is being implemented.<sup>9</sup>

Top-level commitment towards evidence-based practice is at the heart of NICE guidance. Clear leadership helps to promote a culture of improvement in health and healthcare. Ultimate responsibility for implementation rests with the chief executive but is usually devolved to other senior members such as the director of public health or medical director. For example, the different guidelines issued by NICE on smoking<sup>10</sup> are fully taken into account by directors of public health in the development of their local smoking cessation services.

The board should receive regular reports on implementation, highlighting areas of non-compliance.

## Principles of implementation

Six key elements to successful implementation are:

- Board support and clear leadership
- The provision of a dedicated resource (a NICE manager)
- Support from a multidisciplinary team
- A systematic approach to financial planning
- A systematic approach to implementing guidance
- A process to evaluate uptake and feedback (audit).<sup>9</sup>

## The NICE manager

A NICE manager co-ordinates the implementation of NICE guidance and oversees the day-to-day aspects of implementation. The work should include:

- Horizon scanning and forward planning
- Disseminating guidance to relevant groups
- Arranging educational events
- Co-ordinating financial plans
- Ensuring effective monitoring and feedback
- Producing regular reports for the board.<sup>9</sup>

## The multidisciplinary team

The most effective implementation models have strong multidisciplinary teams reporting to the board. Often the team will have other functions within the organisation such as clinical governance or audit. The team should meet regularly to consider all new guidance and identify relevant leads and networks to support the implementation of specific guidance. The multidisciplinary team should work to:

- Reduce duplication of work across the health economy
- Ensure compliance with core and developmental standards<sup>1</sup>
- Ensure effective audit and monitoring arrangements
- Ensure effective forward planning
- Ensure appropriate financial arrangements are in place.<sup>9</sup>

NICE recommends that multidisciplinary teams should have no more than 15 members and include input from:

- Nursing
- Clinical medicine
- Pharmacy/medicines management
- Finance
- Public health

- Clinical governance and audit
- Commissioning and general management
- Patients and the public
- Co-opted members with specific skills as necessary.<sup>9</sup>

The team should consider ways to co-ordinate work across the healthcare community, particularly where guidance crosses the primary/secondary care interface. Collaboration reduces duplication and ensures a standardised approach to guidance. It also helps to ensure seamless care across the interface. One of the philosophies that should be fully understood and adopted by the team is that any new technology is cost-effective and will reduce the unit cost of intervention in the long term. Hence, most, if not all, initial investments are cost-effective in the long term.

## A systematic approach to financial planning

Clear financial planning is vital to the successful implementation of NICE guidance. The Audit Commission's report on the financial implications of NICE guidance recommends that organisations should aim to develop a sustainable approach to financial planning and outlines steps that should be taken when implementing the guidance.<sup>7</sup> A financial plan should be developed detailing all the activities for the forthcoming financial year. It should be based on the cost estimates for implementing technology appraisals and the future resource requirements for clinical guidelines and public health guidance. The ongoing costs of implementing past guidelines should also be included in the plan (see *What is world class commissioning?*<sup>11</sup> for more information). Comparative costing is an excellent tool to understand the impact of a new innovation on the health service, the patient and their family.

NICE guidance now includes costing templates, which can be used to predict costs and savings. The financial impact associated with the implementation of a NICE technology appraisal can be estimated at local and at national level, and an example (*TA 101: Docetaxel for the treatment of hormone-refractory metastatic prostate cancer*) is shown in Box 1.<sup>12,13</sup>

## Box 1. Implementation of NICE technology appraisal 101<sup>12,13</sup>

### Case study: NICE technology appraisal (TA) 101 – docetaxel for the treatment of hormone-refractory prostate cancer

Docetaxel (Taxotere®, sanofi-aventis) has been recommended as a possible treatment for men with hormone-refractory metastatic prostate cancer who are well enough to look after themselves with only occasional assistance. Treatment should be stopped at the end of a planned course of up to ten cycles of doctaxel, or earlier if serious side-effects occur or the disease worsens.

NHS bodies should make funding available within three months. A group should be established as outlined in Box 2, linking in with the local cancer network to facilitate implementation of treatment.

A costing report and template are available to help health communities assess the likely impact of the principal recommendations on their local population. The report estimates both national and local impact, based on assumptions about current practice and how this might change following implementation. Using a stepwise approach it is possible to arrive at a cost for the local population.

#### Costing template for docetaxel (TA 101)

	National costing summary: implementation in England	Local costing summary: implementation in South-West London*
Population (males)	24,220,813	700,561
Estimated new cases of prostate cancer	26,791	618
Estimated cases of hormone-refractory metastatic prostate cancer requiring treatment	10,448	241
Estimated current cost of annual treatment <sup>§</sup>	£30,321,054	£701,297
Proposed annual cost after implementation of TA 101 <sup>§</sup>	£50,295,000	£1,160,081
Cost impact of TA 101	£19,974,096	£458,784

\* Population from all primary care trusts in South West London Cancer Network

<sup>§</sup> Based on the assumption that: 40% of patients receive prednisolone alone (annual cost: £29/patient); before TA 101, 60% of patients receive mitoxantrone plus prednisolone (annual cost: £4,817/patient); after TA 101, 45% of patients receive docetaxel plus prednisolone (annual cost: £9,065/patient) and 15% receive mitoxantrone plus prednisolone

NB Costs do not include any hospital-negotiated discounts or other health benefits

### Evaluating uptake and feedback

NHS organisations are required by the Care Quality Commission to publish an annual declaration on whether they meet core standards and progress towards developmental standards. The relevant domains for NICE are core standard C5 and developmental standard D2.<sup>2,9</sup>

Box 2 summarises the process for the management of NICE guidance implementation by a primary care trust.<sup>14</sup>

### Practical steps for implementation

NICE has set up a programme to help support implementation of its guidance. A wide range of practical resources is now available on its website, including financial planning, implementation strategies and commissioning.<sup>15</sup> Some of the advice and support is generic and will apply to different types of guidance, while other tools are more specific.

## Box 2. Process for the management of NICE implementation<sup>14</sup>

### Quality and clinical governance manager:

- Receives monthly e-notification from NICE
- Uploads information onto PCT database
- Emails NICE database and forward planner to NICE working group, directors and associate directors
- Receives reports from commissioned services on NICE implementation and enters onto database
- Supports NICE working group
- Prepares reports for risk and clinical governance committee.

### NICE working group:

- Decides relevance of guidance for PCT
- Obtains financial appraisal of potential impact of implementation and impact on budgets from finance directorate
- Identifies appropriate lead for each piece of relevant guidance
- Reports monthly to the risk and clinical governance committee on compliance, exceptions and action plans.

### NICE lead:

- Establishes baseline review of guidance and returns it to quality and clinical governance manager
- Develops action plan if applicable
- Forms implementation group/ works with LITs
- Provides exception reports
- Provides progress reports to NICE working group.

### Risk and clinical governance committee:

- Oversees the delivery of NICE guidance
- Receives monthly reports from NICE working group
- Reports to the board.

Adapted from Surrey PCT's *Policy And Framework For The Implementation of NICE Guidance As A Commissioner Of Service*

PCT: primary care trust; LITs: local implementation teams

### General implementation tools

NICE has made available a guide to help organisations implement its guidance and other national policies as well as to meet the expectations of the Care Quality Commission. It has also published advice on how to change practice, offering practical advice to managers and clinicians on how to overcome barriers.<sup>16</sup>

NICE has also developed a '**forward planner**', which summarises published and forthcoming guidance to help NHS

organisations plan ahead.<sup>17</sup> It explains which sectors are likely to be affected and whether the guidance will have an impact on work commissioned by the NHS under Payment by Results. It also includes indicative costs for England for guidance implementation.

### Guidance-specific implementation tools

The following support tools, which relate to specific guidance, have been developed.<sup>9</sup>

## Slide sets

Slide sets are PowerPoint presentations to support implementation and increase early awareness of guidance. They highlight key messages from the guidance and make suggestions for implementation. The slides can be edited for local use if required.

## Audit support tools

These consist of audit criteria and data collection tools to facilitate baseline assessment and to monitor subsequent activity.

## Costing tools

These help to assess the financial impact of implementing the guidance. They comprise a national costing report and a costing template to identify local costs and savings (see Box 1 for an example).<sup>12,13</sup>

## Implementation advice

This signposts support available nationally, highlights relevant resources and offers examples of good practice. Advice is offered for adaptation at local level of selected public health and clinical guidelines.

## Commissioning guides

These provide support for local commissioning, including needs assessment and opportunities for disinvestment.<sup>15</sup>

## Evaluating the uptake and impact of NICE guidance

It is important to know whether guidance is being implemented effectively and as expected. It is necessary to establish how local outcomes compare with national trends. NICE has two helpful resources on its website. The **'shared learning' database** contains real life examples of local implementation projects, while the **'evaluation and review of NICE implementation and evidence' (ERNIE) database**<sup>18</sup> is a source of information on the implementation and uptake of guidance and provides references to external reviews, such as those by the Care Quality Commission.

## Conclusion

The implementation of NICE guidance presents formidable challenges to healthcare organisations. Proper planning is essential for successful adaptation and NICE has now provided many tools to help with the implementation of its guidance.

In future, it is likely that NICE guidance and NHS policy will be brought closer together, possibly aligning with the Quality and Outcomes Framework of primary care contracts. It is also likely that the assessment of NICE compliance will be carried out by the Care Quality Commission.

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