

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL  
EXCELLENCE (NICE) POLICY  
(Including other National Guidance & Implementations)**  
(Replaces Policy No. TP/CO/077 V.1)

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POLICY SPONSOR	Chief Medical Officer
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## EXECUTIVE SUMMARY

Structure and process to support implementation and audit of practice of clinical guidance from nationally recognised bodies presenting best evidence. How to achieve compliance with internal, professional and external regulation of best practice.

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# 1 Introduction

## 1.1 Purpose of the policy

- 1.1.1 To set out the procedures which will be followed to ensure effective implementation of NICE and other national best practice guidance.
- 1.1.2 To support a consistent and co-ordinated Trust wide approach to using recognised evidence in the practice of health and social care.
- 1.1.3 To ensure that the approach meets the requirements of internal and external regulation. This includes Trust business plan objectives, the Care Quality Commission (CQC) standards and the NHS Constitution and the legal requirements of Equality and diversity legislation and human rights Act.

## 1.2 Scope of Policy

- 1.2.1 This policy will apply to all staff (clinical and non-clinical) employed by the Trust whose day to day practice is affected by the publication of evidence and guidance by recognised national bodies.
- 1.2.2 This policy applies to patients/ service users/ carers and representatives from external organisations who may be engaged with the Trust for their expert knowledge in collaborations to implement evidence and guidance as above.
- 1.2.3 The policy applies to all types of guidance published by NICE and other national bodies.

## 1.3 Principles

- 1.3.1 To ensure that NICE guidance and other National guidance based on best evidence is implemented at the Trust in a timely and effective manner which promotes equality, diversity and human rights, choice and efficient best practice.

## 1.4 Definitions

National Institute for Health & Care Excellence (NICE)  
National Guidance, for example the Royal Colleges  
Equalities, Diversity & Human Rights Impact Assessment (ED&HRIA)  
National Health Service Litigation Authority (NHSLA)

## 2.0 Policy Statement

- 2.1 All guidance published by NICE and other national guidance which relates to the Trust business plan will be implemented using the model outlined in this policy.

## **3.0 Duties**

### **3.1 Duties within the organisation**

Internal regulation of NICE guidance, sits in the quality and assurance framework of Sussex Partnership NHS Foundation Trust. Operational management of implementation and assurance lies within the Effective Care and Treatment Committee (ECAT) and Trust wide with the Care Delivery Services (CDSs) and Clinical Academic Groups (CAGs)

### **3.2 Health and social care professionals**

All NHS professionals have a responsibility for being aware of NICE and other national guidance based on best evidence, in their areas. They also have a responsibility within this policy to support the review, implementation, monitoring and reporting phases of the policy where guidance is relevant to their areas.

NICE also state about their guidance:

'Once NICE guidance is published, health professionals are expected to take it fully into account when exercising their clinical judgement. However, NICE guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient and/ or their guardian/ carer and informed by the summary of product characteristics of any drugs they are considering.'

### **3.3 Effective Care and Treatment Committee (ECAT)**

ECAT exists to make services more effective: providing evidence-based, recovery oriented care and treatment, supported by research and education activity. ECAT is authorised by the Quality Committee (QC) to take any decisions which fall within its terms of reference. ECAT reports to the QC.

ECAT sets standards for the Trust for effective care and treatment, including implementation of NICE guidelines. ECAT receives assurance from the Clinical Academic Groups, Drugs and Therapeutics Group and the Clinical Audit Team that NICE and other national best practice guidance are implemented according to the procedures within this policy.

### **3.4 Clinical Academic Groups (CAGs) and Care Delivery Services (CDSs)**

The role of the CAGs is to support evidence-based care across the trust. They support CDSs by:

- Defining clinical pathways
- Assessing quality and actively promoting evidence based improvement
- Integration of clinical practice development and research
- Integration of education and training strategies with clinical pathways developments

Each CAG has defined the internal and external affiliations required to ensure the pathways benefit from reference to all current best practice recommendations such

as NICE guidance and the legal requirements of their implementation. The specific roles and responsibilities are laid out in the CAG proposals for implementation.

As part of the horizon scanning process of clinical audit the CAGs and CDSs will identify high priority audits to monitor implementation of best practice guidance and include on the annual clinical audit forward plan

### **3.5 Drugs and Therapeutics Group (DTG)**

- To be responsible for the review and implementation of all NICE technical appraisals, drug related NHS improvement notices and other DH drug therapy related policies & guidance directly relevant to the Trust
- To review other NICE guidance and evidence reports related to medication use and where appropriate, to refer these to relevant CDS Clinical Leads and CAG Chairs, for further assessment and implementation where indicated.
- The minutes of the Group's meetings shall be formally recorded and submitted to ECAT for information.
- The Group via the Chair will report regularly to ECAT on its progress and actions.

### **3.6 Clinical Audit Team**

The Head of Clinical Audit will annually carry out horizon scanning of all National audits and other mandatory audits based on NICE and other National best practice guidance. The annual audits will then be included on the Trust Clinical audit forward plan. Each of these audits will be supported by the clinical audit team.

The clinical audit team will disseminate reports and monitor ongoing actions for improvement to patients experience as a result of clinical audits.

### **3.7 Chief Executive/ Trust Board**

- Ultimate responsibility for implementing NICE guidance rests with the Chief Executive.
- The board will receive regular reports on implementation, including audits and evaluation, highlighting areas of non-compliance and risk.

### **3.8 Duties of stakeholders**

- External stakeholders will be involved in many aspects of implementation and audit of NICE and other national guidance at Sussex Partnership NHS Foundation Trust.
- Sussex Partnership NHS Foundation Trust believes that the expertise of service users and carers when they are engaged with meetings, training, recruitment panels and workgroups entitles them to payment. The Trusts Service User & Carer Payment Policy (updated June 2016) sets out a standardised approach to the payment of service users and carers, outlining the rates of payment to be offered dependent on the different types of activity undertaken.
- Where there is multi-agency involvement in the implementation and audit of NICE/ SCIE and other national guidance stakeholders will be expected to have knowledge and understanding of the process in place at Sussex Partnership outlined in this policy. This may include:

- a. Clinical Commissioning Groups
- b. Local councils
- c. Acute trusts
- d. Clinical networks
- e. Voluntary sector
- f. Private sector

## **4.0 Procedure**

### **4.1 Implementation of NICE guidance**

The NICE Into Practice guide provides practical advice on how to use NICE guidance and quality standards to achieve high quality care. Those who have responsibility for implementation and audit of NICE and other national best practice guidance at the Trust must follow the recommendations laid out in this guide.

The Drugs & Therapeutics Group will horizon scan and identify any NICE medication related guidance for relevance to patients. Where relevant it will action and implement technology appraisal guidance according to the legal requirements. In addition, it will refer other medication related clinical guidance as described in section 3.4.

Clinical Academic Groups (CAGs) in collaboration with the Care Delivery Services will horizon scan and identify any NICE guidelines and quality standards relevant and where applicable action and implement them according to the Into Practice guide advice. This will include through the development and implementation of local Menus of Care and Interventions.

Other Trust multidisciplinary forums, for example the Physical Health Quality Circle will be responsible for horizon scanning and implementing NICE guidance and quality standards which is not directly related to the CAGs but is accordance with Into Practice guide advice.

### **4.2 Duty of Candour**

All NICE technology appraisal guidance will be fully adhered to by Sussex Partnership NHS Foundation Trust. In regards to any other NICE clinical guidance, multiple factors may need to be taken into account before decisions about implementation can be made within the Trust. The Trust and clinical staff will be clear with service users, families and carers where NICE guidance is followed and where there are limitations in the ability to fully follow NICE guidance.

## **5.0 Development, consultation and ratification**

This policy has been developed by the Head of Clinical Audit in consultation with the members of the Effective Care and Treatment Committee, Chief Pharmacists, Chairs of the Clinical Academic Groups, Director and Associate Director of Nursing Standards & safety and Deputy Director of Patient Experience.

## 6.0 Equalities Impact Assessment

An equalities, diversity and human rights impact assessment has been completed for this policy. The assessments shows that there will not be discrimination related to the policy

NICE's Equality scheme 2016 sets out how it is meeting its obligations on equality and discrimination. This ensures that all publications have had an impact assessment <https://www.nice.org.uk/Media/Default/About/Who-we-are/Policies-and-procedures/NICE-equality-scheme/equality-objectives-and-equality-programme-16.pdf>

## 7.0 Monitoring compliance

The Chair of the Effective Care and Treatment Committee will monitor compliance with the policy through ECAT, and the annual Effective Treatments Report presented to ECAT by the CAG Lead. The CDSs, CAGs, DTG and Head of Audit will identify and action any exception reports occurring. Outstanding exceptions will be reported to the Quality Committee

## 8.0 Dissemination and Implementation

Mandatory training and events use NICE and other best practice guidance as reference. These are available through myLearning and Trust communications strategy.

## 9.0 Document control including archiving arrangements

All versions are stored electronically in line with the Management of Corporate Records policy.

## 10.0 Bibliography

September 2015. Into Practice Guide. National Institute for Health & Care Excellence.

<http://www.nice.org.uk/usingniceguidance/implementationtools/howtoguide/howtoguides.jsp>

National Institute for health & clinical Excellence. Equality scheme 2010-13  
www.nice.org.uk

## 11.0 Cross references

Our 2020 vision – Sussex Partnership NHS Foundation Trust  
Service user and carer payment policy 2016.

Effective Care and Treatment Committee – Terms of reference.

Drugs & Therapeutics Group – Terms of reference.

Clinical Academic Group - Terms of reference

Care Delivery Services Business case

Clinical Audit policy 2016– Sussex Partnership NHS Foundation Trust