

POLICY ON A PAGE

National Institute for Health and Clinical Excellence

(NICE) Policy

(Including other National Guidance & Implementations)

1 WHY DO WE NEED THIS POLICY?

Sussex Partnership NHS Foundation Trust (SPFT) is committed to supporting a consistent and co-ordinated way to using recognised evidence in the practice of health and social care. This policy sets out the procedures which will be followed to ensure effective implementation of NICE and other national best practice guidance. This will ensure the Trust meets business plan objectives, the Care Quality Commission (CQC) standards and the NHS Constitution.

Who does this policy apply to?

- Staff (clinical and non-clinical) employed by the Trust whose practice is affected by the publication of evidence.
- Patients/service users/carers and representatives from external organisations who are working with the Trust to provide expert knowledge.

4 PROCEDURE

Those who have a responsibility for implementation and audit of NICE must follow recommendations in this policy.

1. **DTG-** Scan and identify any NICE medication-related guidance relevant to Trust services. Action and implement Technology Appraisal Guidance according to legal requirements.
2. **CAGs and CDSs-** Scan and identify any NICE guidelines and quality standards and action and implement them according to the Into Practice guide advice. This includes the development and implementation of the Menus of Care and Interventions.

5 CONTACT

Executive Sponsor- Chief Medical Officer

Policy Author- Clinical Research and Training Fellow

3 DUTIES

1. **Within the organisation-** Operational management of implementation and assurance lies within Effective Care and Treatment Committee (ECAT), Care Delivery Services (CDSs) and Clinical Academic Groups (CAGs).
2. **Health and Social Care Professionals-** All NHS professionals have a responsibility for being aware of NICE and other national guidance and expected to take into account when exercising their clinical judgement, whilst making appropriate decisions for individual patients. Professionals also have a responsibility to support the review, monitoring and reporting phases of the policy where relevant.
3. **CAGs and CDSs-** CAGs Support CDSs by defining clinical pathways, assessing quality, integrating clinical practice, research, and education and training within these pathways. CAGs identify high priority audits to monitor implementation of evidence-based guidance.
4. **Drugs and Therapeutics Group (DTG)** - Responsible for the review and implementation of all NICE Technology Appraisal Guidance, drug-related NHS improvement notices, policies, guidance, where relevant to Trust prescribing practice.
5. **Quality Improvement Support Team** - Annual horizon scanning of all National and other audits based on NICE and other best practice guidance. Audit team will disseminate reports and monitor ongoing actions for patient experience improvements.
6. **Stakeholders-** Multi-agency involvement in implementation and audit of NICE/SCIE requires all stakeholders to have knowledge and understanding of the process in place at SPFT. Stakeholder payments are made according to Service User & Carer Payment Policy (updated June 2016).