

Document Type:	Policy	
Reference Number : <b>1864</b>	Version Number: <b>6</b>	Next Review Date: <b>21 February 2023</b>
Title:	<b>NICE Implementation Policy</b>	
Document Author:	Clinical Audit Team Leader Clinical Effectiveness Information Analyst	
Applicability:	All healthcare and registered professionals as defined in document	

## INTRODUCTION

Torbay and South Devon NHS Foundation Trust (the Trust) has a responsibility for implementing National Institute for Health and Care Excellence (NICE) guidance in order to ensure that:

- Patients receive the best and most appropriate treatment; improve outcomes/ promote wellbeing and integrated care.
- NHS resources are not wasted by inappropriate treatment; and
- There is equity through consistent application of NICE guidance/ Quality Standards

The Trust must demonstrate to stakeholders that NICE guidance/ Quality Standards are being implemented within the Trust. This is a regulatory requirement (in the case of Technical Appraisals [TA's] this is three months from date of publication) that is subject to scrutiny by the CQC. They will consider; are people's needs assessed and care and treatment delivered in line with legislation, standards and evidence-based guidance?

## PURPOSE

The purpose of this policy is to set out the Trust processes for implementing, monitoring and reporting progress in relation to NICE guidance and Quality Standards, thus ensuring continual improvement in the quality of services provided against evidenced best practice standards.

## SCOPE

This policy applies to all healthcare and registered professionals involved in the clinical management and care of patients and service users who receive services from the Trust.

## DEFINITIONS

**National Institute for Health and Care Excellence (NICE):** NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

**Clinical and Cancer Guidelines (CG) (now also NICE Guidance [NG]):** give recommendations of good practice based on the best available evidence and the appropriate treatment and care of people with specific diseases and conditions. They may focus on any aspect such as prevention, self-care or management in primary and secondary care.

**Interventional Procedure Guidance (IP):** make recommendations about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use and whether special arrangements are needed for patient consent.

**Technology Appraisal Guidance (TA):** provides recommendations on the use of new and existing health technologies within the National Health Service. Each TA focuses on pharmaceutical and biopharmaceutical products, but also includes 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.

**Medical Technologies Guidance (MT):** designed to help the NHS adopt efficient and cost effective medical devices more rapidly and consistently.

**Diagnostic Technologies Guidance (DT):** designed to help the NHS adopt efficient and cost effective diagnostic technologies more rapidly and consistently.

**Patient Safety Guidance (PSG):** provides advice on patient safety solutions.

**NICE Quality Standards (QS):** are a set of specific, concise statements that act as markers of high quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with the NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

**Public Health Intervention Guidance (PH):** gives guidance on the promotion of good health and the prevention of ill health. The guidance may focus on a particular topic (such as smoking), a particular population (such as schoolchildren) or a particular setting (such as the workplace).

### **NICE Safe staffing guidelines**

The National Quality Board has set out the immediate expectation of NHS providers in providing safe staffing levels. This guidance is a comprehensive review of the evidence in this area and produce definitive guidelines on safe staffing to support local decisions at ward and organisational level.

**Self-assessment Checklist for CGs:** is an organisational gap analysis against the guidance recommendations to enable an action plan to be developed and prioritised to achieve full implementation.

**Organisational Gap Analysis:** is a review of actual current practice against the NICE recommendations, producing an action plan where gaps are identified to align current practice with the identified best practice recommendations.

**Baseline Compliance Review (BCR):** is an initial position statement, detailing the level of implementation compared to the published NICE guidance excluding Clinical and Cancer Guidelines (CGs).

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## **NICE social care guidelines**

The primary role of NICE social care guidelines is to provide recommendations on “what works” in terms of both the effectiveness and cost-effectiveness of social care interventions and services.

**NHS Evidence:** is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal (<http://www.evidence.nhs.uk>) . It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by NICE.

## **DUTIES AND RESPONSIBILITIES**

### **Clinical Audit & Effectiveness Group (CA&EG)**

The CA&EG has overall responsibility for monitoring the status of NICE guidance/ Quality Standards and receiving a NICE implementation status report from the Clinical Effectiveness Team to ensure that, through the appropriate monitoring of that implementation, the Trust can demonstrate care against best evidence, best practice guidance to assure the continuous and measurable improvement in the quality of the services provided.

### **Medical Director (MD)**

The MD, who chairs the CA&EG (jointly with Chief Nurse), has delegated responsibility to ensure that NICE guidance/ Quality Standards are appropriately implemented across the Trust and that the Trust Board is made aware of any issues that may impact upon the organisation’s ability to do so.

### **Identified Leads**

A Lead will be identified directly by the Clinical Effectiveness team, or if they are unsure through an Integrated Service Unit (ISU). The lead will have responsibility for ensuring that an initial Self-assessment checklist or gap analysis review is undertaken for each NICE guideline/ Quality Standard issued. This should include an investigation and understanding of the financial and clinical impact of the guidance, developing business cases, ensuring that any relevant guidance is disseminated appropriately within the Trust and, where the guidance impacts, liaising with other relevant stakeholders.

The identified leads are also responsible for formulating a robust action plan to address any areas of partial or non-implementation and sharing these with CA&EG for monitoring. Where declarations of partial or non-implementation are made the identified lead will undertake a risk assessment and escalate that assessment to the ISU & CA&EG for consideration of placement on the Risk register.

In addition, the identified leads will ensure that where required to evidence compliance audits of relevant NICE guidance/ Quality Standards are added to the audit plans and that those audits are registered with the Clinical Effectiveness Team and undertaken to timescale.

### **Healthcare & Registered Professionals**

All healthcare and registered professionals are responsible for ensuring that they familiarise themselves, and comply with, the requirements of this policy and the associated Policy for the Introduction of New Clinical Procedures, Interventions and Techniques. ([Policy 0530](#))

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Healthcare and registered professionals are expected to take NICE guidelines into account when exercising their clinical judgement. The guidance does not, however, override the responsibility of healthcare and registered professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient. Where treatment is given outside of the guidelines, healthcare and registered professionals must fully document the reasons for non-compliance in the patient's medical records.

## REFERENCES AND ASSOCIATED DOCUMENTATION

### External

- CQC Key Lines Of Enquiry - <https://www.cqc.org.uk/>
- Interventional procedures programme process guide <https://www.nice.org.uk/process/pmg28/chapter/introduction>
- Interventional procedures programme methods guide <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-interventional-procedures-guidance>
- Department of Health, Health Service Circular HSC 2003/011 [www.dh.gov.uk](http://www.dh.gov.uk)
- How to put NICE guidance into practice [www.nice.org.uk](http://www.nice.org.uk)

### Internal

- Risk Assessment Policy and Protocol
- [G1910 Clinical Audit and Effectiveness Policy](#)
- [G0530 New Clinical Procedures – Introduction Of](#)

## . MONITORING PROCESSES

- New guidance - ([See Appendix 1](#))
- Action plan/ Business case implementation check - ([See Appendix 2](#))
- Initial assessment form - “Newly issued NICE guidance” - ([See Appendix 3](#))

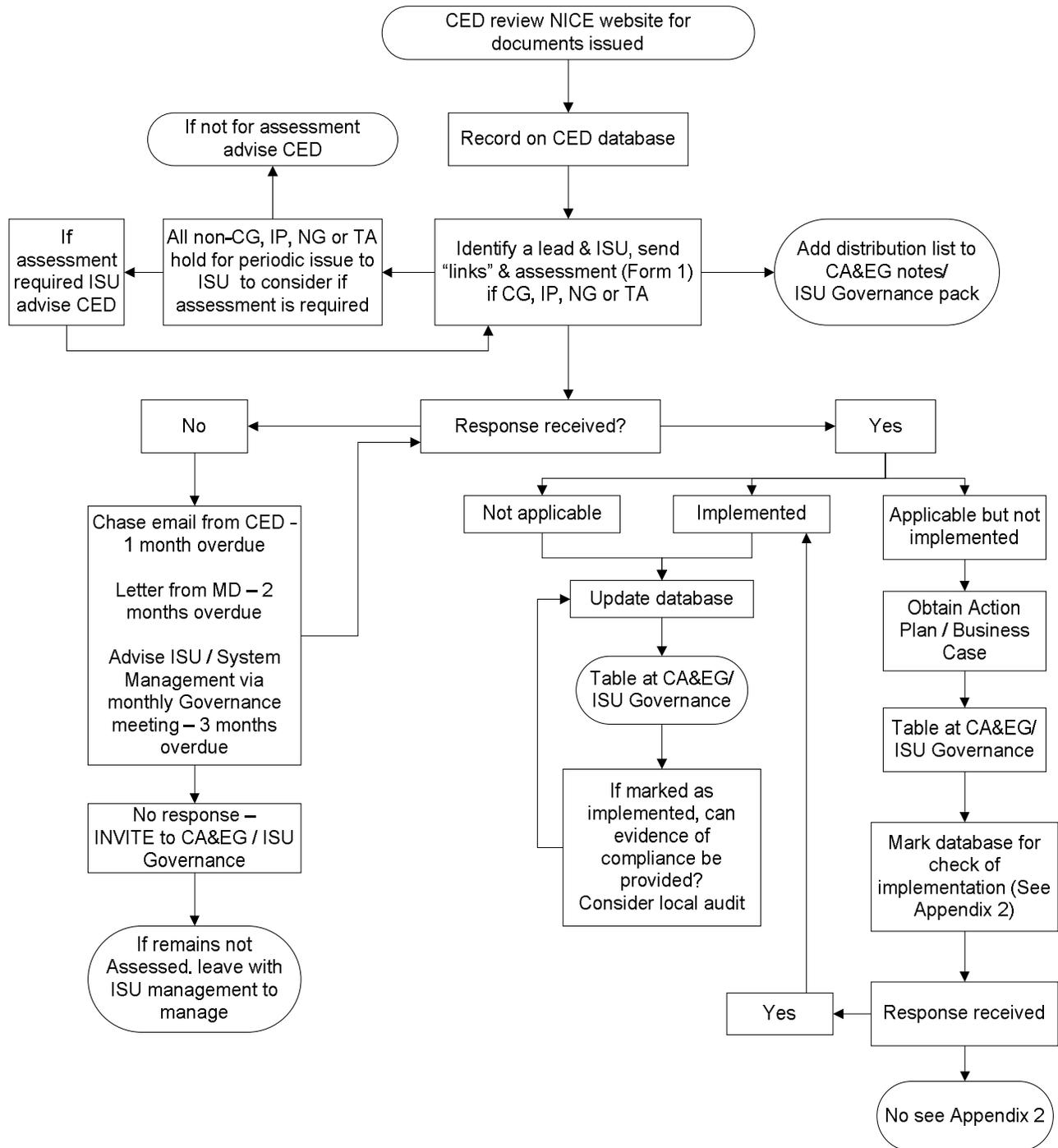
## APPENDICES

[Appendix 1 – New NICE Guidance](#)

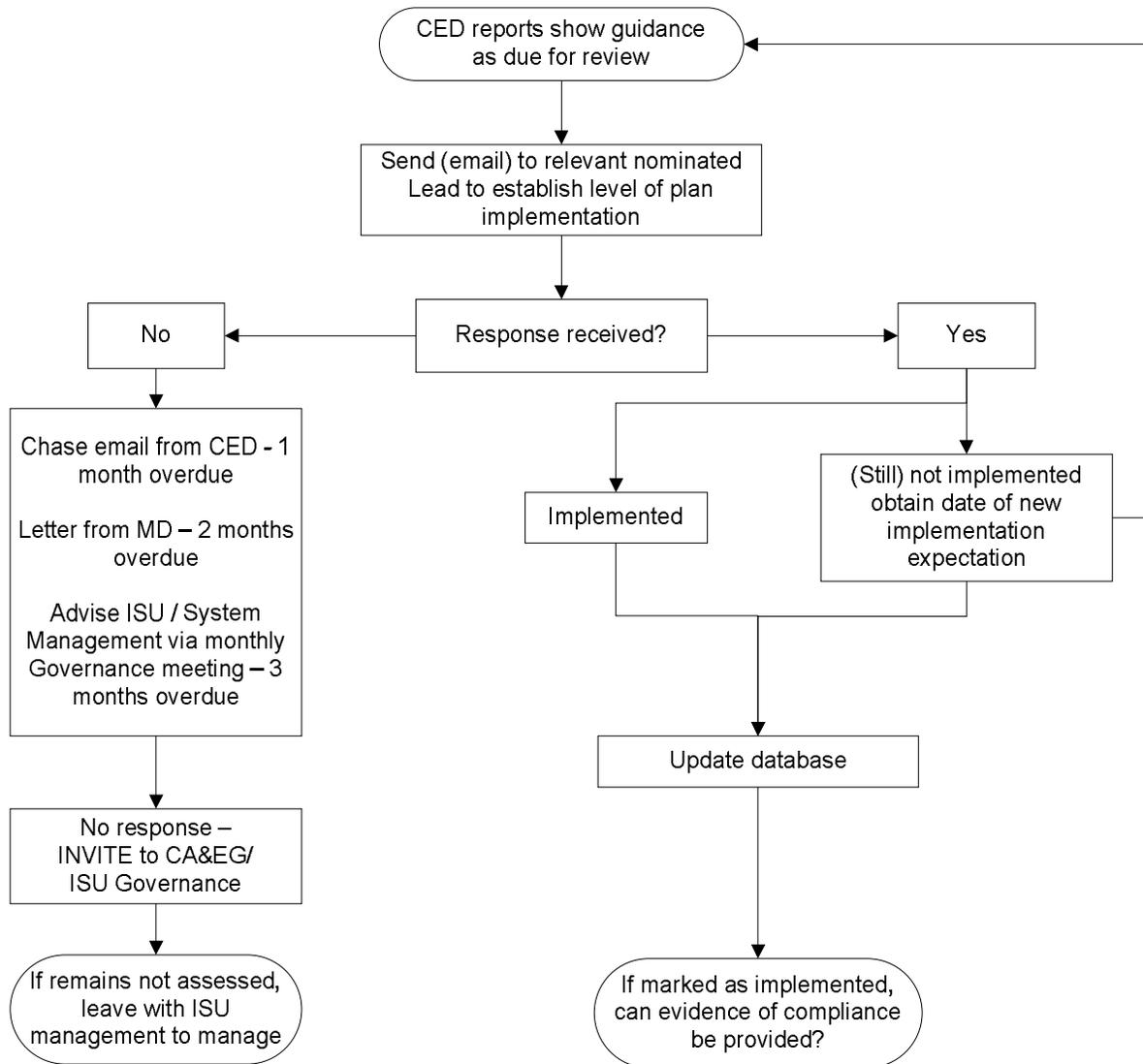
[Appendix 2 – Action Plan/Business Case Implementation Check](#)

[Appendix 3 – Newly Issued NICE Guidance Initial Assessment Form](#)

**Newly published documents – PROCESS**  
**(including updates and revisions)**



Appendix 2



NICE Guidance

Newly Issued NICE guidance

This form should be completed providing a Trust-wide response and action plan

No & Title:

Division: Please select

Issue Date:

Hyperlink to NICE website:

Is this guidance applicable to the Trust?

No – Sign off \_\_\_\_\_ (please complete the BLUE Commissioning information section below)

If applicable, has the Trust implemented this guidance?  
To what extent is the implementation complete?  Fully  Partially  Not at all

Fully – implemented, please complete the GREEN section only.  
Partially/ Not at all - please complete the RED Action Plan section and the BLUE Commissioning Information section below if applicable.

Implemented

As you have marked this as fully implemented, can you provide any evidence to confirm compliance? e.g. Results of an audit; publication of a local protocol or guideline incorporating NICE guidance

Commissioning Information

What are the main messages in the guidance that will have an impact on your practice and quality of your service?

What plans do you intend to / would like to put in place as the result of the publication of the guidance? (Detail intentions in the action plan below)

What are the major cost impacts of this guidance likely to be? (please state whether this is a cost impact or cost reduction)

It is not appropriate to implement this guidance at this time.   
Brief reason:

Is a Business Case being prepared?  Yes  No

Awaiting Implementation – Action Plan

	Action Required	Person Responsible	Target Completion Date
1			

2			
3			
4			
5			
6			
7			
8			

**Action Plan Implementation**

Who &/or which group is responsible for monitoring implementation?

**Sign off:**

Nominated Lead: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Director/  
Divisional Manager: \_\_\_\_\_ Date: \_\_\_\_\_

On completion of this form, please return to Clinical Effectiveness Department, Bowyer Building, Torbay Hospital.  
Email [effectiveness.sdhct@nhs.net](mailto:effectiveness.sdhct@nhs.net)

Version 1 – December 2016

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	1864		
<b>Document title:</b>	Nice Implementation Policy		
<b>Purpose of document:</b>	To set out the Trust processes for implementing, monitoring and reporting progress in relation to NICE guidance and Quality Standards, thus ensuring continual improvement in the quality of services provided against evidenced best practice standards.		
<b>Date of issue:</b>	21 February 2020	<b>Next review date:</b>	21 February 2023
<b>Version:</b>	6	<b>Last review date:</b>	August 2019
<b>Author:</b>	Clinical Audit Team Leader Clinical Effectiveness Information Analyst		
<b>Directorate:</b>	Organisation Wide`		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group Medical Director Chief Nurse		
<b>Date approved:</b>	22 January 2020		
<b>Links or overlaps with other policies:</b>	G1910 Clinical Audit and Effectiveness Policy G0530 New Clinical Procedures – Introduction Of		

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
15 August 2012	1	New	
26 November 2012	2	Amended to meet NHSLA criteria	
17 January 2013	3	Updated to reflect amended process	
October 2013	4	Extended until ICO process complete	
27 July 2017	5	Revised	Care and Clinical Group Medical Director Chief Nurse
21 February 2020	6	Revised	Care and Clinical Policies Group Medical Director Chief Nurse

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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/> Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</b>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/> Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/> Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <b>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>			
Action	Person responsible	Completion date	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pf.d.sdhct@nhs.net](mailto:pf.d.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation**

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.