

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 19/08 CG 49

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**
Directors of Public Health
Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
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Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 18 March 2008

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

Clinical Guideline 49 – Faecal Incontinence

This guideline offers good practice advice on the management of faecal incontinence in adults. It covers initial assessment, treatment for potentially reversible causes, long-term management, the management of specific patient groups, and, and the appropriate use of surgery.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it as good practice guidance for the HSC sector.

The full clinical guideline is available for download at:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11012>

The HSC sector also should note that;

1. The Department expects the HSC sector to take account of this guidance in the planning and delivery of services to people with faecal incontinence;
2. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case;
3. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11012> and include costing tools, implementation advice and audit criteria to monitor local practice;

Circular HSS (PPMD) (NICE)01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:

http://dhsspsni.gov.uk/nice_guidance_01-06.pdf



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