



For Action

Chief Executives of HSS Boards- **for distribution to:**

Directors of Public Health
Directors of Pharmaceutical Services
Directors of Nursing
Directors of Primary Care

Chief Executives of HSS Trusts **for distribution to:**

Medical Directors
Directors of Nursing
Directors of Pharmaceutical Services
Clinical and Social Care Governance Leads

Chief Executives of HSS Special Agencies and NDPBs

General Medical Practitioners, Community Pharmacists, Dentists,
Optometrists

For Information

Chief Executive, Regulation & Quality Improvement Authority
Chief Officers, HSS Councils

30 June 2006

Dear Colleague

**IMPLEMENTATION OF NATIONAL INSTITUTE FOR HEALTH AND CLINICAL
EXCELLENCE GUIDANCE IN THE HPSS**

Introduction

1. The Minister for Health, Social Services and Public Safety, Paul Goggins, announced on 26 June 2006 that the Department had established a formal link with the National Institute for Health and Clinical Excellence (NICE) and that the Institute's guidance will now be applied as appropriate in Northern Ireland. The purpose of this circular is to inform the HPSS of the procedures for reviewing guidance produced by NICE for its applicability to the HPSS and for disseminating that guidance to the HPSS.
2. The arrangements are effective from 1 July 2006 and apply to the broad family of HPSS services - primary, secondary and tertiary care sectors, including all family practitioner services. It will be the responsibility of HPSS organisations, under the statutory duty of quality as specified in Article 34 of the HPSS

(Quality, Improvement and Regulation) (NI) Order 2003, to put in place the necessary systems, as part of their clinical and social care governance arrangements, for implementing NICE guidance.

Background

3. In the past, the Department and the HPSS have drawn on NICE guidance on an *ad hoc* basis. However, there is no systematic, uniform process for reviewing NICE guidance for Northern Ireland, or for monitoring its implementation. The new arrangements outlined in this circular will address this situation and will help ensure that Northern Ireland has access to up-to-date, independent professional, evidence-based guidance on the value of health care interventions.
4. NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. It was established in 1999 as a Special Health Authority with the remit to promote clinical excellence and the effective use of resources for people using the NHS in England and Wales. On 1 April 2005, NICE joined with the Health Development Agency to become the new National Institute for Health and Clinical Excellence (also known as NICE).

NICE Guidance

5. The Institute produces guidance in three areas of health:
 - Health technologies – guidance on the use of new and existing medicines, treatments, diagnostic techniques and procedures within the NHS.
 - Clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.
 - Public health – guidance on the promotion of good health and the prevention of ill health.
6. This guidance is produced by three 'centres' within NICE: the Centre for Public Health Excellence, the Centre for Health Technology Evaluation, and the Centre for Clinical Practice.
7. NICE also produces **interventional procedures guidance** which supports clinicians in the process of introducing new diagnostic and treatment procedures, and determines whether such procedures are safe enough and work well enough for routine use. Northern Ireland is joining with England, Scotland and Wales as full participants in this programme. Boards and Trusts will be expected to notify NICE and the Department of eligible procedures and follow NICE Interventional Procedure Programme guidance through their clinical governance arrangements. Detailed arrangements regarding participation in this programme will be issued separately.
8. NICE **health technology guidance** is based on a review of clinical and economic evidence to assess the benefits of a health intervention in relation to how much it costs (i.e. whether it represents good value for money). Each appraisal takes approximately 12 to 15 months to complete and NICE

publishes around 18 health technology appraisals annually.

9. NICE **clinical guidelines** are broader statements on the appropriate treatment and care of people with specific diseases and conditions within the NHS in England and Wales, taking account of clinical and cost-effectiveness. Topics developed through the Institute's guidelines programme can extend beyond clinical practice guidelines to cover aspects of service delivery. The latter type of guideline is written for both service commissioners and health professionals, with a focus on the broad configuration and provision of services, rather than on details of clinical practice. NICE publishes around 12 clinical guidelines annually, with each guideline taking approximately 24 to 30 months to develop.
10. NICE **public health guidance** makes recommendations on a broad range of action (including service delivery, interventions and policies) for the promotion of good health, the prevention of illness and the reduction in inequalities in health. The guidance includes recommendations for programmes at population, community, organizational, group, family or individual level. The Institute's public health guidance is aimed at a wide audience and addresses the wider determinants of health and well being, particularly for the most vulnerable and disadvantaged communities.
11. Public health guidance takes two forms:
 - i. public health intervention guidance, which makes recommendations on locally delivered activities to reduce the risk of illness or to promote healthy lifestyles; and
 - ii. public health programme guidance, which makes recommendations on strategies, policies and multi-level action to improve health and reduce inequalities.

Review of NICE guidance for its applicability to Northern Ireland

12. The Department's link with NICE means that documentation produced by the Institute at key stages in its guidance development process will now be available to Northern Ireland. The Department will share this with local clinical experts ("local commentators") to establish if it is appropriate for the HPSS. A database of experts who are prepared to comment on draft NICE guidance in their particular field throughout its development phase is currently being established and, as relevant NICE topics emerge, additional commentators will be added to it. Patient representative groups will also be included on the database.
13. Local commentators will have the opportunity to comment generally on the guidance as it is developed and their views will be forwarded to NICE by the Department. Commentators will also be asked to submit comments to the Department on any contextual differences for Northern Ireland that might impact on the applicability of the guidance to the HPSS. In this regard, it should be noted that local commentators will not be reassessing the clinical and cost evidence used by NICE in forming its advice, but will simply be considering its applicability to the HPSS and any important differences in service provision in Northern Ireland.
14. Following receipt of local expert comment on the applicability of NICE guidance, the Department will determine whether that guidance should be endorsed for implementation in the HPSS. It is expected that the great majority of NICE guidance will be deemed as valid and relevant to the HPSS. On those occasions where NICE

guidance is deemed not to be applicable to Northern Ireland (or applicable only in part), the Department will determine what action to take. This may include endorsing the guidance in part, advising that the guidance is not applicable for Northern Ireland, or commissioning adaptation of the guidance as appropriate.

15. The Department will disseminate locally endorsed NICE guidance to the HPSS together with a standard commentary on the guidance, advising on the extent to which it is applicable for Northern Ireland. This will be issued shortly after NICE issues its guidance in England and Wales. Dissemination will be to appropriate organisations and professionals for action and to other stakeholders for information. In the case of endorsed technology appraisal guidance, the commentary will also specify the expected lead-in time for implementation of the guidance.
16. NICE reviews its extant guidance on a 1 to 3 year cycle. The Northern Ireland review process will therefore capture existing NICE guidance as it is reviewed by the Institute. However, in exceptional circumstances, the Department may choose to determine applicability of certain NICE technology appraisals which were published before 1 July 2006.

Status of NICE guidance in Northern Ireland

17. Previously, NICE guidance had no formal status in Northern Ireland and HPSS organisations were not required to implement and comply with NICE recommendations. Under the new arrangements, **health technology appraisal guidance** endorsed by the Department as applicable for Northern Ireland will be treated as essential within the recently published Quality Standards for Health and Social Care. The Quality Standards require HPSS organisations to promote the implementation of evidence-based practice by incorporating recognised national and/or regionally agreed standards and guidelines into service development and provision. HSS Boards and Trusts are therefore now required to take account of locally endorsed NICE guidance and any associated Departmental commentary in their planning, funding and provision of services to ensure that recommended medicines, medical devices, diagnostic techniques or surgical procedures are made available to meet clinical need.
18. NICE **clinical practice guidelines and public health guidance** endorsed under the new process will be regarded as standards that the HPSS is expected to achieve over time. This recognises that implementation of broader clinical guidelines and public health policies may not always be achieved in a relatively short period, especially where this would involve major changes to the way in which services are to be organised, or require investment in staff, education, training or service infrastructure and/or engagement with partner organisations.
19. It should be noted that NICE guidance will help health and social care professionals in their work but it does not override clinical responsibility for making decisions in specific circumstances.

Implementation by the HPSS

20. In most cases, it is expected that Departmentally endorsed NICE technology appraisal guidance will be implemented within 12 to 24 months of its dissemination. Where guidance carries urgent safety advice, the expectation is that implementation will be immediate. The Department's expectations of the HPSS in relation to the

implementation of specific appraisals will be clarified when the appraisal is issued locally.

21. The Department will not set specific lead-in times for the achievement of endorsed NICE clinical guidelines or public health interventions or programmes, but progress will be monitored by the Regulation and Quality Improvement Authority.
22. There are a number of ways in which implementation of NICE guidance can be promoted locally as part of an HPSS organisation's commitment to clinical and social care governance, for example, through:
 - a. identification of champions or leads within the HPSS organisation;
 - b. development of specific implementation strategies;
 - c. participation in quality improvement and audit programmes;
 - d. promotion of evidence-based practice;
 - e. incorporation into education, training, appraisal and continuing professional development programmes;
 - f. linking into integrated care pathways; and
 - g. building into commissioning and other contractual arrangements.
23. For the majority of NICE guidance, HPSS organisations will be expected to fund the cost of implementation from within their general revenue allocations. However, it is recognised that implementation will be subject to resource availability and that Chief Executives will need to balance funding for new treatments - such as new medicines, diagnostic techniques and surgical procedures - with public health and care interventions, and with other competing priorities. Where implementation costs of technology appraisal guidance are likely to be high, a longer lead-in period may be set in order to afford HPSS organisations and practitioners greater flexibility to plan for meeting the additional costs and address the associated resource issues.
24. NICE has established an Implementation Systems Directorate, which is producing a range of implementation tools (generally available on the NICE website, www.nice.org.uk) to assist those responsible for implementation locally. These include local costing spreadsheets for all clinical guidelines; templates for care protocols, planning and scheduling tools, implementation tracking techniques, and advice on local implementation strategies. The Institute intends to extend further the support it gives to the NHS on planning for implementation across all their programmes. Elements of this support programme are likely to have relevance for the HPSS. Initial feedback from the operation of the new Northern Ireland arrangements may indicate that more direct support from NICE could usefully aid implementation in the HPSS. In these circumstances, the Department will consider what additional links with NICE are necessary to facilitate implementation of its guidance locally.

Monitoring and evaluation

25. The Regulation and Quality Improvement Authority will monitor clinical and social care governance arrangements in HPSS organisations. The Authority will use the new Quality Standards in carrying out these reviews and will therefore, among other things, report on progress on the implementation of NICE guidance endorsed by the Department as applicable for Northern Ireland. For family practitioner services, clinical and social care governance is underpinned by local contractual arrangements and, where appropriate, reviews will be undertaken by HSS Boards.

Enquiries

26. Enquiries about this circular should be addressed in the first instance to Gerard Collins, Standards and Guidelines Unit, D2.2, Castle Buildings, Stormont, Belfast, BT4 3SQ, telephone 9076 5615 or via email to sgu-niceguidance@dhsspsni.gov.uk.

Yours sincerely

NOEL McCANN

Director of Planning and Performance Management