

SBC Children, Families and Community Health Service

NICE Guidance Policy			
Statement of Intent	Swindon Borough Council (SBC) Children's Community Health Services is committed to using relevant NICE Guidance to deliver health and social care that is evidence-based, offers the best possible quality of service and offers the best value for money.		
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Owner	Head of Service		
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Document validity	This document is due to expire on 11/03/2018 After this date the document will become invalid. All colleagues should ensure that they are consulting the currently valid version of the document which can be found on the SBC POLICY PLATFORM.		
Applies to	SBC Children's community health staff		
Care Quality Commission Essential Standards of Quality and Safety	Regulation 7 (Outcome 4) Care and welfare of people who use services		
Equality & Diversity	Swindon Borough Council is committed to promoting equality in all responsibilities - as providers of services, as partners in the local economy and as employers. This document will contribute to ensuring that all clients, potential clients and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.		

	Content	Page
1	Introduction	2
2	Purpose	2
3	Definitions	3
4	Identifying Relevant Documentation	4
5	Responsibilities and Accountability	4
6	Disseminating Relevant Documents	5
7	Conducting an Organisational Gap Analysis	5
8	Ensuring Recommendations are Acted Upon	5
9	Documenting Decision Not To Implement NICE Guidance	6
10	Financial Implications of NICE Implementation	6
11	Monitoring Compliance	6
12	Ratification	7
13	Training	7
14	Completing Risk Assessments	7
15	Reporting and Provision of Assurance of Systems, Processes and Procedures to Commissioners	7
	Flowchart	8
Appendix 1	Governance of NICE guidance (form)	9

1. Introduction

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health. Their guidance is for the NHS, local authorities, charities, and anyone with a responsibility for commissioning or providing healthcare, public health or social care services.

NICE Guidance helps health and social care professionals to deliver care that is evidence-based, offers the best possible quality and offers the best value for money.

The term SBC, when used within this document, refers to Swindon Borough Council Children's Community Health Services.

2. Purpose

The purpose of this document is to:

2.1 Ensure SBC has an organisation wide process for the dissemination and implementation of NICE Guidance.

2.2 Ensure that implementation is monitored when required and that a suitable record is maintained.

3. Definitions

NICE produces four types of guidance:

3.1 Clinical Guidelines

Clinical guidelines are recommendations on the appropriate care and treatment of people with specific diseases and conditions within the NHS in England and Wales. Clinical guidelines are based on the best available evidence and they help health and social care professionals in their work, but they do not replace their knowledge and skills.

3.2 Technology Appraisals

Technology appraisals are recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales, such as:

- medicines
- medical devices (for example, hearing aids or inhalers)
- diagnostic techniques (tests used to identify diseases)
- surgical procedures (for example, repairing hernias)
- health promotion activities (for example, ways of helping people with diabetes manage their condition).

3.3 Interventional Procedures

NICE makes recommendations about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use.

An interventional procedure is a procedure used for diagnosis or treatment that involves one of the following:

- making a cut or a hole to gain access to the inside of a patient's body - for example, when carrying out an operation or inserting a tube into a blood vessel.
- gaining access to a body cavity (such as the digestive system, lungs, womb or bladder) without cutting into the body - for example, examining or carrying out treatment on the inside of the stomach using an instrument inserted via the mouth.
- using electromagnetic radiation (which includes X-rays, lasers, gamma-rays and ultraviolet light) - for example, using a laser to treat eye problems.

3.4 Public Health Guidance

Public health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve 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).

4. Process for identifying relevant documentation

This phase is essential to forewarn and prepare SBC and its staff, especially where service delivery impact is expected to be significant. The actions to be performed include:

- Horizon scanning of future guidance releases through the regular monitoring of NICE and email updates.
- Assessment of relevance to SBC and mapping of future guidance that may affect the organisation.
- Identified leads will detail evidence in a sort report to assure the Senior Management team of compliance with national good practice guidance.

5. Responsibilities and accountability

5.1 The Head of SBC Children, Families and Community Health Service has overall responsibility for the implementation of NICE guidance within SBC.

5.2 The Principal Officer for Health and Well-Being has primary responsibility to establish and maintain the process for monitoring and reporting on progress with implementation of NICE guidance.

5.3 The Principal Officer with support from the service improvement team has the responsibility for the distribution of NICE guidance and the collation of evidence to support implementation.

5.4 The Principal Officer for Health & Wellbeing is responsible for discussing resource and financial implications and identifying any major barriers. Any issues, where relevant, are then reported to the Operational Director and the Finance Director to be addressed through commissioning channels.

5.5 GWH Quality Team are contracted to distribute any NICE Guidance that is out for consultation.

5.6 The Principal Officer for Health and Well-being is responsible for maintaining a library of all relevant NICE documents and a record of NICE guidance that will contain:

- The full title
- Date of issue
- Date of distribution
- Date of implementation and rationale for partial implementation, if deemed appropriate
- Required audit
- Date for audit
- Summary of audit results.

5.7 The identified lead for specific guidance is responsible for the implementation of the agreed action plan and for providing assurances to the Principal Officer until all actions have been completed and implemented.

The identified lead is responsible for circulating the guidance amongst the relevant staff and identifying local protocols, guidelines and patient information leaflets or developing projects that may be influenced by the impending guidance.

The identified lead will also be responsible for completing the Governance of NICE guidance document and returning it to the Principal Officer for Health & Wellbeing.

5.8 CSMT sign off the process once completed to the required standards..

5.9 The integrated teams are responsible for sharing their practical experience of NICE implementation both positive and negative.

5.10 Individual staff are responsible for ensuring competence in relation to their own practice in the light of any changes to practice, or to raise any shortcomings with their line manager during supervision.

6. Process for disseminating relevant documents

6.1 The GWH team will obtain the NICE Publications (electronic) and circulate initially to the Principal Officer for Health & Wellbeing who will confirm whether or not the guidance is of relevance to SBC and disseminate to relevant parties.

6.2 The Principal Officer for Health & Wellbeing will communicate NICE guidance to the relevant staff and ensure a lead is nominated. The responsibilities of these staff with regards to the dissemination and local implementation of NICE recommendations will be determined by the Principal Officer for Health & Wellbeing.

6.3 Communication of new relevant NICE guidance will be via the Principal Officer for Health & Wellbeing.

6.4 Where NICE guidance has obvious resource implications to commissioned services, as agreed through CSMT , this guidance will be forwarded to the identified leads within Commissioning and Finance via The Head of Service.

7. Process for conducting an organisational gap analysis

The identified NICE Guidance lead highlights any gaps from the baseline assessment by completing a template report sheet and action plan which is reviewed by the Quality, Safety and Performance Unit.

8. Process for ensuring recommendations are acted upon throughout SBC

8.1 Formal gap analysis between current and recommended practice, including a self-declaration statement of compliance will be undertaken.

8.2 An assessment form will be provided to each identified NICE Guidance lead to assess their compliance.

8.3 Where practice is non-compliant and is likely to remain so after three months appropriate reasons must be given and what action plans have been implemented.

8.4 Significant non-compliance issues must be tabled at the Quality, and Performance Board meeting and registered on SBC's delivery risk register.

8.5 The Principal Officer for Health & Wellbeing will present a quarterly report to CSMT summarising the following:

- NICE guidance published in the previous 12 months
- An account of any barriers encountered to implementation
- Completed audit reports and action plans relating to NICE guidance

8.6 These reports will be included in the thematic reports for each professional area to the quarterly Quality and Performance Boards.

9. Process for documenting any decision not to implement NICE guidance

Where the Principal Officer for Health & Wellbeing cannot assure that NICE guidance is fully or partially implemented, this should be added to SBC's Delivery risk register detailing the reasons for non-implementation.

10. Financial implications of NICE implementation

10.1 Financial forecasting on the anticipated costs of implementation will be done on an annual basis for setting local development plans, and ongoing throughout the year for tracking anticipated variances.

10.2 The need for identifying funds for implementing NICE guidance is the responsibility of CSMT in SBC if extra costs are obvious. Other need for funds will be identified by the identified lead for specific NICE guidance.

10.3 Should cost implications be identified for the implementation of NICE guidance then a case will be made for development funding.

10.4 The CSMT will be notified of all NICE evaluations which have a financial implication for SBC to allow the impact on budgets to be considered and to enable discussions with commissioners regarding the financial impact of NICE guidance and technical appraisals.

11. Process for monitoring compliance

11.1 There are three components to SBC ensuring successful implementation of NICE guidance:

- Self-declaration of compliance by the lead responsible for the specific NICE guidance
- Assurance review one year following implementation
- A summary report of compliance to the Quality and Performance Board.

11.3 Clinical and social care audit must be considered for all relevant NICE guidance and added to SBC's Children's service Audit & Improvement Plans where required.

12. Ratification

This protocol will be ratified by CSMT.

13. Training

Any required training will be identified by the named lead responsible for the specific guidance.

14. Process for completing risk assessments, if applicable, linked to subject

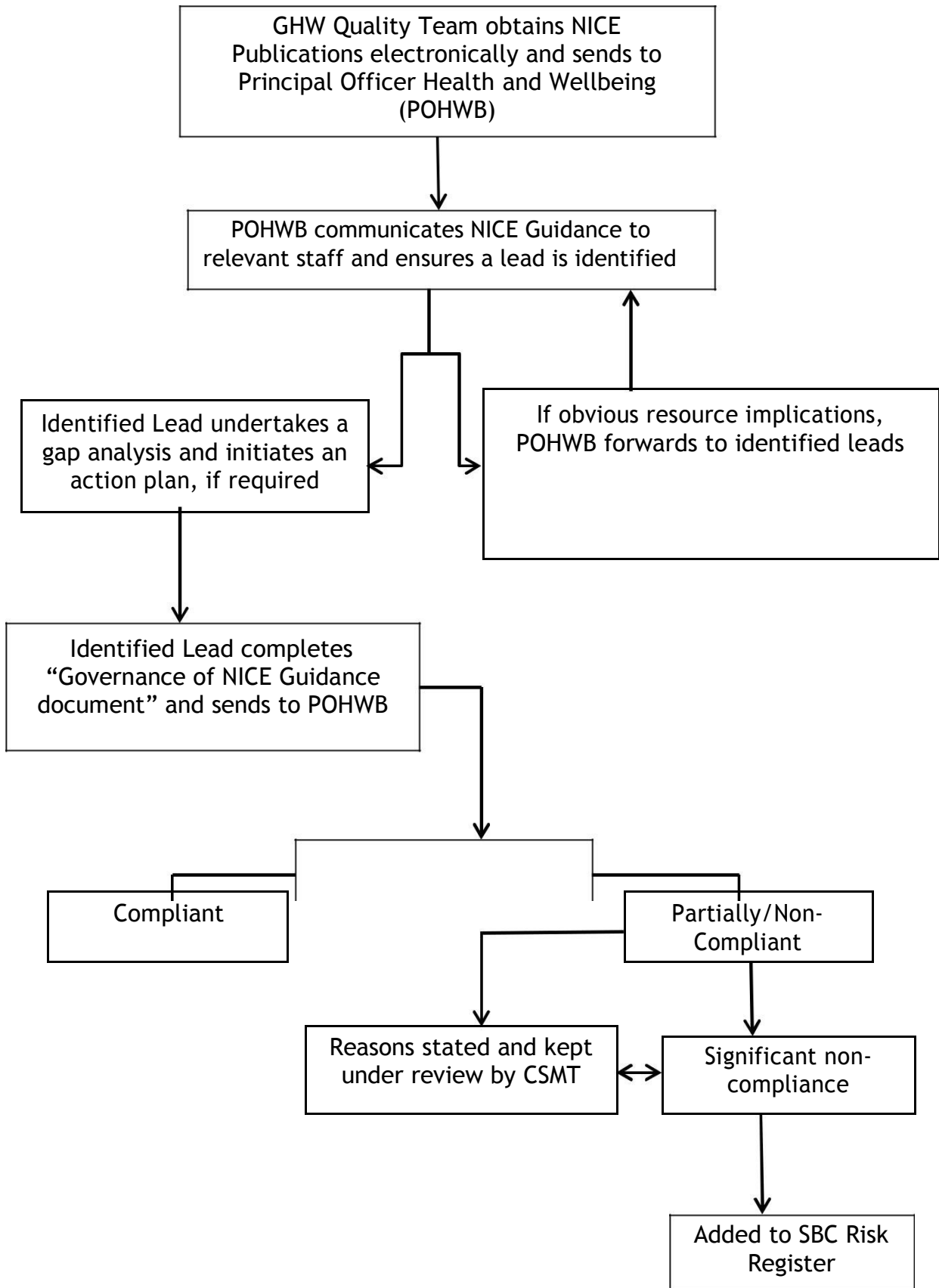
Any risks identified by the named lead for the specific NICE guidance will be registered on SBC's Delivery risk register.

15. Process for reporting and provision of assurance of systems, processes and procedures to Commissioners

Through regular contract management meetings.

FLOWCHART

POHWB reviews compliance status





CHILDREN SERVICES

GOVERNANCE OF NICE GUIDANCE

Title of Guidance and No:				Date Sent:	
Is this NICE Guidance relevant to SBC?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please attach details of any audits undertaken relating to the guidance. If NO, please give reasons. This may be used to say why SBC should not change practice to comply with the guidance.			
State who will be the lead for implementing this guidance?					
Has this guidance been agreed or discussed with your clinical team?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does compliance require joint working with other agencies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain			
Does current practice meet the guidance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, you will need to undertake a risk assessment of areas of non-compliance for inclusion in SBC's Delivery risk register.			
Will this guidance have financial implications?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Cost of drugs/equipment <input type="checkbox"/> Delivery of Service If YES, can you give a rough estimate of cost? £.....			
Will this guidance initiate a baseline audit?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
In your judgement do you think these changes will result in... (Intended as a guide only)	1) Clinical benefit <input type="checkbox"/> minor <input type="checkbox"/> moderate <input type="checkbox"/> major 2) Implementation problems <input type="checkbox"/> minor <input type="checkbox"/> moderate <input type="checkbox"/> major 3) Financial cost <input type="checkbox"/> minor <input type="checkbox"/> moderate <input type="checkbox"/> major				
Other comments:					

Declaration: - I confirm that I have read this guidance and my professional opinion of its contents and implications are stated above.

NAME _____

DATE _____

Return to Principal Officer for Health & Wellbeing at First Floor, Wat Tyler East, Beckhampton Street, Swindon SN1 2JG