POLICY ON THE IMPLEMENTATION OF NICE GUIDANCE

Version: V1

Ratified by: Provider Quality and Safety Committee

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Name of responsible committee: Provider Quality and Safety Committee

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Target audience: All WPCT staff

This policy supports the compliance with Care Quality Commission Outcome 2, Regulation 9

WPCT Policy on the implementation of NICE guidance
**CONTRIBUTION LIST**

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</tbody>
</table>

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<th>Name</th>
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1.0 Introduction

The National Institute for Clinical Excellence (NICE) guidance aims to ensure that promotion of good health and patient care in the NHS are in line with the best available evidence of clinical and cost effectiveness.

Implementing NICE guidance helps to ensure both consistent improvements in people’s health and equal access to healthcare. Putting NICE guidance into practice benefits everyone – patients, carers, the public, NHS organisations, healthcare professionals, public health practitioners, policy makers and local authorities.

Since January 2002, NHS organisations in England and Wales have been required to provide funding for medicines and treatments recommended by NICE in its technology appraisals guidance programme. The NHS normally has a timeframe three months from the date of publication of each technology appraisal guidance to provide funding and resources. Local NHS organisations are expected to meet the costs of medicines and treatments recommended by NICE out of their general annual budgets.

When NICE publishes clinical guidelines, local health organisations are required to review their management of clinical conditions against the new NICE guidelines. This review needs to fully consider the resources required to implement the guidelines, the people and processes involved, and how long it will take to do this. It is in the best interests of the patients that the NICE recommendations are acted on as quickly as possible.

If a drug or device is being appraised by NICE, NHS organisations should make decisions on its use locally using their usual arrangements, until the NICE appraisal is completed and the guidance is published.

1.1 Implementing NICE guidelines offers benefits to patients and carers, healthcare professionals and organisations.

NICE guidance can help healthcare professionals to:

- Ensure care provided is based on the best available evidence
- Ensure clinicians meet the standards set by the regulatory bodies and that they consider NICE guidance when exercising their clinical judgement
- Enable all staff dealing with patient queries to have confidence in the approaches to care
- Effectively target resources and efforts at the areas that offer the most significant health improvement.

1.2 NICE guidance can help organisations to:

- Support the compliance with Care Quality Commission Outcome 2, Regulation 9
- Meet the NHSLA risk management standards and benefit from reduced claims and risk management premiums
Enable organisations to meet the requirements in the government’s standards-based planning framework National standards, local action, health and social care standards and planning framework, 2005-2008.

Benefit from any identified disinvestment opportunities, cost savings or opportunities for re-directing resources.

Meet government indicators and targets for health improvement and reducing health inequalities.

Help local government fulfil its remit to promote the economic and social well-being of its communities.

Provide a focus for multi-sector partnership working on health.

1.3 NICE guidance can help patients and carers:

• Receive care in line with the best available evidence of clinical and cost-effectiveness

• Empower patients to be accountable for their care, knowing how they will be cared for in a consistent evidence-based approach, thus building patients confidence in NHS services

• Improve their own health and prevent disease.

• Help put NICE guidance into practice.

Local government and NHS organisations are expected to take account of NICE public health guidance in taking action to achieve the targets set out in the ‘Choosing Health’ White Paper and in the development of local area agreements (A guide to NICE – April 2005).

2.0 Purpose

The purpose of this document is to outline the processes currently in place to ensure the effective management of the NICE guidance implementation within Provider Services. The aim is to deliver a systematic and transparent approach.

The PCT has a responsibility for implementing NICE guidance in order to:

• Ensure patients receive the best and most appropriate treatment

• Ensure that NHS resources are not wasted by inappropriate treatment

• Ensure equity through consistent application of NICE guidance

In view of the wide-ranging nature of NICE guidance, and in order to ensure implementation of all recommendations within the guidance, there needs to be effective partnership working across the Worcestershire Health Economy.

3.0 Definitions

The National Institute for Clinical 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.
NICE produce five types of guidance:

3.1 Technology Appraisals

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

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

The recommendations are based on a review of clinical and economic evidence. Clinical evidence measures how well the medicine or treatment works. Economic evidence measures how well the medicine or treatment works in relation to how much it costs the NHS and whether it represents value for money.

The NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals. In most cases, funding for implementing technology appraisals should be available within 3 months from the date that NICE issues the guidance.

3.2 Interventional Procedures

An interventional procedure is a procedure used for diagnosis or for treatment that involves:

- 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, or
- 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, or
- using electromagnetic radiation (which includes X-rays, lasers, gamma-rays and ultraviolet light) - for example, using a laser to treat eye problems.

NICE interventional procedures guidance covers:

- the safety of the procedure
- whether it works well enough for routine use
- whether special arrangements are needed for patient consent

There is no additional funding available for IPGs.
3.4 Clinical Guidelines

Clinical guidelines are recommendations made by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on the best available evidence. While clinical guidelines help health professionals in their work, they do not replace their knowledge and skills.

NHS organisations are expected to do all they can to implement Clinical Guidelines, within their current resources.

3.5 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). Guidance produced by other NICE guidance programmes occasionally makes recommendations that could improve health or prevent disease.

3.6 Cancer service guidance

Cancer service guidance supports the implementation of The NHS Cancer Plan for England, and the NHS Plan for Wales Improving Health in Wales. The focus of the cancer service guidance is to guide the commissioning of services and is therefore different from clinical practice guidelines.

4.0 Responsibilities

4.1 Clinical Audit and Effectiveness Group (CAEG)

It is the responsibility of CAEG to facilitate the process for managing the implementation of NICE guidance within Provider Services.

The group aims to drive forward robust quality improvement activity within Provider Services through the provision of strategic and practical support, guidance and accountability for clinical audit, application of clinical effectiveness evidence (such as NICE guidance), and other quality improvement initiatives (such as service evaluation). It is a subgroup reporting to the Provider Quality and Safety Committee, which in turn reports to the PCT Board. The CAEG Terms of Reference can be found in Appendix 1.

Key responsibilities of CAEG with regards to NICE and clinical effectiveness evidence are to:

- Ensure compliance with the Care Quality Commission Outcome 4 – Care and welfare of people who use services (Regulation 9)
- Identify appropriate clinical leads for upcoming NICE guidance where relevant
- Consider stakeholder registration for relevant NICE guidance
• Refer risk related to NICE guidance to Risk Committee
• Allocate resources to support implementation of NICE guidance
• Review NICE compliance assessments
• Monitor implementation of NICE action plans
• Monitor and review national best practice evidence to ensure application
• Provide guidance on availability of clinical effectiveness evidence sources
• Provide advice on auditing of NICE guidance both within the Provider Services and across the Worcestershire Health Economy

4.2 Lead Clinician(s)

The Lead Clinician(s) has responsibility to:

• Review the guidance allocated to them and undertake a baseline assessment using the NICE compliance assessments - see Appendix 2.
• Distribute the guidance within their team/department
• If applicable, to develop an action plan to implement the guidance locally, incorporating NICE recommendations, which are not currently being carried out
• Manage the process of implementation and compliance for the specific guidance for which they are responsible
• Update CAEG with the status of the baseline assessment
• Link with local health economy partners to ensure cross working and joint implementation or make them aware of changes to services
• Provide supporting evidence, such as relevant policies, guidelines, audit reports, patient information leaflets etc. to support the statement of compliance with NICE guidance
• When appropriate, audit current practice against NICE guidance, employing the audit criteria developed by NICE

4.3 Nominated NICE Co-ordinator

The nominated NICE Co-ordinator within Provider Services should ensure the following actions are undertaken:

• Preparing and circulating monthly agenda for CAEG meeting containing information of NICE updates and newly published NICE guidance
• Providing a status report monthly to the CAEG including highlighting outstanding NICE compliance assessments
- For each piece of NICE guidance, sending an email to the identified clinical lead or group, requesting the baseline assessment to be undertaken. This is done via the NICE compliance assessments, to be completed and returned within 4 weeks.

- Tracking progress and following delays with the completion of the NICE compliance assessments

- Maintaining and updating a database of published NICE guidance with information from the NICE compliance assessments, including the status of compliance within the Provider Services

- Linking with other working groups in order to implement NICE guidance, as required

- Monitor the NICE Monthly Newsletter and NICE Website for updates regarding NICE guidance and implementation tools

Other Groups who play a key part in the management of NICE guidance implementation are as follows:

4.4 NICE Implementation Group for Community Hospitals

The aim of this group is to facilitate implementation and audit of NICE guidance within the Community Hospitals. Its Terms of Reference can be found in Appendix 3.

4.5 Medicine Management Committee (MMC) in Provider Services

The Medicine Management Committee has the responsibility to support clinical lead in completion of the NICE compliance assessments using relevant NICE implementation tools. This includes providing support and information in assessing the implications on prescribing within the service changes. The group also deals with the implementation of guidance relating to medicines management e.g. Technology Appraisals. Where the guidance has medicines management implications the Pharmacy Service will assess the current status of any prescribing issues within the Worcestershire Health Economy.

The MMC Terms of Reference can be found in Appendix 4.

4.6 Finance department

The Finance department has responsibility for:

- Supporting clinical lead(s) in the completion of the baseline template using the relevant NICE implementation tools. This process includes providing support and information in assessing the financial implications of the service changes

- Reviewing final costing to assess affordability against tariff price and/or budget. Escalating to the appropriate committee if additional resources required
- Participating in meetings as required during business planning and implementation stages
- Factoring resource implications into strategic planning process
- Monitoring and reporting on investments and disinvestments required to implement the relevant recommendations
- Using NICE costing templates where available to estimate the costs of NICE guidance to the local health community.

5.0 Process of implementation of NICE guidance

In 2008 the clinical governance department has conducted a gap analysis using the best practice guide ‘Criteria for the management of NICE clinical guidance’, which was published by the South Yorkshire SHA.

For each piece of NICE guidance the NICE compliance assessments is disseminated electronically to the relevant clinical lead. All implementation timescales and progress are being recorded on a live NICE tracker.

The process flowchart for the management of NICE implementation within the Provider Services can be found in Appendix 5.

All flowcharts are colour coded to show the specific roles and responsibilities within the PCT.

5.1 Dissemination of NICE guidance

5.1.1. How is NICE guidance disseminated by NICE

NICE sends copies of guidance to those in key management roles within Trusts, such as chief executives, general managers, medical and nursing directors and clinical governance leads.

You can subscribe to receive a monthly NICE e-newsletter to be kept up to date with important developments at NICE, have direct access to features, stories and press releases and be informed of forthcoming events and guidance topics.

If you are responsible for putting NICE guidance into practice then you can also subscribe to the monthly electronic bulletin ‘Into Practice’, which includes details of the latest implementation tools as well as news and updates from the implementation team at NICE.

An explicit aim of NICE is to provide information for the public. Each Technology Appraisal and Clinical Guidance is accompanied by a document developed specifically for patients, their families and carers and the general public. This is available via the NICE website, and copies of these booklets can be ordered from the NICE publications (phone 0845 003 7783 or email publications@nice.org.uk).

Clinicians, managers and members of the public may also view or download NICE guidance via the NICE website www.nice.org.uk.

5.1.2. Dissemination of NICE guidance within Provider Services
- Clinical Governance Co-ordinator alerts the clinical leads when a new NICE guidance relevant to their service, is published
- Identified Clinical Lead for each piece of NICE guidance has the responsibility to share the relevant NICE guidance within their team/department
- All clinicians should keep abreast of the latest NICE developments in their clinical areas
- Trust intranet (Clinical Governance section) contains information on NICE guidance, such as implementation progress reports, audits of NICE guidance and minutes of CAEG meetings.
- Annual Clinical Feedback NICE Event has been organised to showcase specific examples of implementation of NICE guidance across the Worcestershire Health Economy

6.0 Monitoring the implementation of this policy

The implementation of this policy will be monitored through CAEG, which reports to QSC and Board.

Key performance indicator (KPI) targets:

<table>
<thead>
<tr>
<th>Key performance indicator (KPI)</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of published NICE guidance, which is logged on the NICE tracker</td>
<td>100%</td>
</tr>
<tr>
<td>2. Percentage of CGs/IPGs/TAGs published, which are considered by CAEG for relevance</td>
<td>100%</td>
</tr>
<tr>
<td>3. Percentage of relevant CGs/IPGs/TAGs, which are allocated to an appropriate clinical lead</td>
<td>100%</td>
</tr>
<tr>
<td>4. Percentage of NICE compliance assessments, which are completed and returned to CG by the clinical lead within 4 weeks</td>
<td>100%</td>
</tr>
</tbody>
</table>

7.0 Dissemination

The dissemination of this guideline will be via the WPCT clinical policies page on the internet and paper copies and notices will be sent to staff via policy points.

Where paper copies of the policy are sent out to staff confirmation of receipt will be required. In these instances staff must be clearly informed in writing which outdated paper documents should be removed and destroyed and which document replaces them. A form confirming receipt of new paper policy documents must be signed and returned by a nominated person from the work area.

Archiving of expired policies will follow the WPCT Archiving Policy.
Staff are strongly discouraged from printing off or photocopying policies.

8.0 Links to Standards/Performance Indicators

This policy supports the compliance with Care Quality Commission Outcome 2, Regulation 9.

9.0 References

This policy was drafted with reference to the following:

NHS Litigation Authority Risk Management Standards for PCTs (May 2007) available at www.nhsia.com

How to put NICE guidance into practice (2005) available at www.nice.org.uk


10.0 Equality Impact Assessment

The Equality Impact Assessment checklist has been completed and submitted with the policy.
Appendix 1

Clinical Audit and Effectiveness Group
Provider Services
Terms of Reference

1.0 Membership

<table>
<thead>
<tr>
<th>Member</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>Clinical leadership and accountability <em>(chair)</em></td>
</tr>
<tr>
<td>Associate Directors</td>
<td>Senior provider services management</td>
</tr>
<tr>
<td>Clinical Audit Lead</td>
<td>Clinical Audit expertise <em>(vice-chair)</em></td>
</tr>
<tr>
<td>NICE Lead</td>
<td>NICE expertise <em>(vice-chair)</em></td>
</tr>
<tr>
<td>TBC</td>
<td>Operational clinical expertise</td>
</tr>
<tr>
<td>Pharmaceutical Advisor</td>
<td>Pharmaceutical expertise</td>
</tr>
<tr>
<td>Clinical Governance Secretary</td>
<td>Admin support</td>
</tr>
<tr>
<td>Patient representative</td>
<td>Service user input</td>
</tr>
<tr>
<td>Library representative</td>
<td>Clinical effectiveness evidence expertise</td>
</tr>
<tr>
<td>Finance Manager</td>
<td>Co-opted financial expertise</td>
</tr>
<tr>
<td>NICE Guidance Lead(s)</td>
<td>Co-opted support for specific pieces of guidance</td>
</tr>
</tbody>
</table>

All members should nominate a representative wherever possible if they are unable to attend.

2.0 Quoracy

Minimum of 3 members to include:
- Medical Director
- Associate Director
- Vice-chair

3.0 Frequency

Every two months

4.0 Reporting

The Clinical Audit and Effectiveness Group is a sub-group of and reports to the Provider Services Quality and Safety Committee.

5.0 Statement of Purpose

- To drive forward robust clinical quality improvement activity within provider services
- To provide strategic and practical support, guidance and accountability for:
  - Clinical audit
  - Other quality improvement initiatives (such as service evaluation and patient satisfaction surveys)
  - Application of clinical effectiveness evidence (such as NICE)
- To devise and ensure implementation of the Clinical Governance Strategy and the associated action plan.
6.0 Activities

6.1 Clinical Audit and effectiveness activity

- Ensure compliance with the Care Quality Commission Outcome 16 – Assessing and monitoring the quality of service provision (Regulation 10) and Outcome 14 – Supporting workers (Regulation 23)
- Develop and monitor annual clinical audit programme
- Monitor national, regional and local priorities to ensure these are addressed
- Recommend guidelines for clinical audit (local, national, NICE)
- Review local clinical audit and service evaluation registrations
- Monitor clinical audit training
- Review minutes of related groups to identify priorities for quality improvement

6.2 NICE and clinical effectiveness evidence

- Ensure compliance with the Care Quality Commission Outcome 4 – Care and welfare of people who use services (Regulation 9)
- Horizon scanning: identify clinical leads for upcoming NICE and national guidance, consider stakeholder registration, formulate PCT responses to consultations
- Refer risk related to NICE guidance to Risk Committee
- Review NICE compliance assessments
- Monitor implementation of NICE action plans
- Monitor and review any new national best practice evidence (e.g. NSFs) to ensure application
- Provide guidance on availability of clinical effectiveness evidence sources
- Research

7.0 Standard Agenda

1 Minutes of previous meeting
2 Matters arising
3 Monitoring of Clinical Governance Strategy action plan
4 Clinical Audit and effectiveness
   - Annual audit programme
   - Review of current priorities
   - Clinical audit and service evaluation registrations
   - Clinical Audit Training
   - Clinical Policies and Guidelines Group minutes – policies for audit
   - Risk Committee minutes – risk areas for targeted improvement
   - Business Unit Quality and Safety meetings – quality assurance issues
5 NICE and clinical effectiveness evidence
   - Upcoming guidance: leads and stakeholder registration
   - NICE Implementation Group for the Community Hospitals - minutes
   - NICE compliance assessments: resources and risk
   - Implementation of action plans
   - Review of new best practice evidence
6 Any other business

8.0 Review

These terms of reference will be reviewed annually.
Appendix 2

ASSESSMENT WITH THE NICE GUIDANCE RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Title</th>
<th>Directorate/Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>Clinical Lead</td>
</tr>
<tr>
<td>Date of issue</td>
<td>Date of completion</td>
</tr>
</tbody>
</table>

1. Does current practice comply with the NICE recommendations?  
   Yes ☐  No ☐

   If NO please give brief details below of the current practice / service provided. Please explain how this differs from recommendations within the NICE guidance and give a rationale for the variance in practice.

2. Does current practice / service exceed recommendations within the NICE guidance?  
   Yes ☐  No ☐

   If YES please give brief details below.

3. Do you plan to change practice in order to comply with the NICE recommendations?  
   Yes ☐  No ☐

   If YES, please complete the action plan overleaf.  
   If NO, please state any clinical risks below, if applicable. Please go to Q9.

4. Are current staffing levels sufficient to support implementation of this guidance?  
   Yes ☐  No ☐

   If NO, please indicate the staffing levels required: ……………………………………………………………………………………………

5. Will staff need to be trained to achieve compliance with this guidance?  
   Yes ☐  No ☐

   If YES, please indicate the number of staff that will need to be trained: ……………………………………………………………………………

6. Will new equipment be required to support implementation of this guidance?  
   Yes ☐  No ☐

   If YES, please indicate what will be required and an estimated cost: ……………………………………………………………………………

7. Will implementation of this guidance require additional drug costs?  
   Yes ☐  No ☐

   If YES, please indicate what will be required and an estimated cost: ……………………………………………………………………………

8. Are there any other resource implications?  
   Yes ☐  No ☐

   If YES, please indicate: ……………………………………………………………………………………………

9. Are there any local guidelines / protocols / care pathways relevant to this guidance?  
   Yes ☐  No ☐

   If YES, do they incorporate the NICE guidance recommendations?  
   Yes ☐  No ☐

   If NO, will local guidelines be developed to underpin the guidance?  
   Yes ☐  No ☐

10. Is the NICE patient information leaflet used?  
    Yes ☐  No ☐

11. Is a local patient information leaflet used?  
    Yes ☐  No ☐

12. Is any other external patient information leaflet used?  
    Yes ☐  No ☐

   If YES, please state which: …………………………………………………………………………………………………

Appendix 3

NICE Implementation Group
Provider Services – Community Hospitals
Terms of Reference

1.0 Membership

<table>
<thead>
<tr>
<th>Member</th>
<th>Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Director for Community Hospitals</td>
<td>Senior provider services management</td>
</tr>
<tr>
<td>Matron from Tenbury Community Hospital</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Matron from Evesham Community Hospital</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Matron from Malvern Community Hospital</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Matron from Pershore Hospital</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Matron from Bromsgrove Princess of Wales Community Hospital</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Matron from Kidderminster GP Unit</td>
<td>Operational clinical expertise, leadership and accountability</td>
</tr>
<tr>
<td>Pharmaceutical Advisor</td>
<td>Pharmaceutical expertise</td>
</tr>
<tr>
<td>Patient representative</td>
<td>Service user input</td>
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<tr>
<td>Clinical Governance Co-ordinator</td>
<td>NICE expertise <em>(chair)</em></td>
</tr>
<tr>
<td>Co-opted members</td>
<td>Co-opted support for specific pieces of guidance</td>
</tr>
<tr>
<td>Clinical Governance Secretary</td>
<td>Admin support</td>
</tr>
</tbody>
</table>

All members should nominate a representative wherever possible if they are unable to attend.

2.0 Quoracy

Minimum of 3 members to include:
- 2 Matrons
- Clinical Governance Co-ordinator

3.0 Frequency

Every two months

4.0 Reporting

The NICE Implementation Group is a sub-group of and reports to the Clinical Audit and Effectiveness Group.

5.0 Statement of Purpose

- To work in conjunction with senior managers and Clinical Director to facilitate the implementation of NICE guidance within the trust
To promote NICE guidance criteria, to audit the implementation of NICE criteria and to assist with the sustainable implementation of NICE guidance within the defined time scale

6.0 Activities

6.2 NICE and clinical effectiveness evidence

- Review NICE compliance assessments
- Identify leads for all relevant upcoming guidance
- Identify resources to support implementation of NICE guidance
- Refer risk - related to NICE guidance - to the Risk Committee
- Compile and monitor the implementation of NICE action plans
- Recommend and participate in the clinical audit of NICE guidance, as appropriate
- Recommend to Commissioners to obtain assurance from other trusts that their clinicians are following the appropriate guidance

7.0 Standard Agenda

1 Minutes of previous meeting
2 Matters arising
3 NICE and clinical effectiveness evidence
   - Upcoming guidance: leads and stakeholder registration
   - NICE compliance assessments: resources and risk
   - Implementation of action plans
4 Any other business

8.0 Review

These terms of reference will be reviewed in 6 months.
Appendix 4

Provider Services Medicines Management Committee
Terms of Reference

Membership of the committee
- PCT Senior Pharmaceutical Adviser for Provider Services
- PCT Associate Director of Nursing
- PCT Clinical Governance Manager
- PCT Patient Safety Manager
- Medical Director for Provider Services
- Clinical Director of Prisons
- Clinical Director of Children’s Services
- Clinical Director of Sexual Health
- Clinical Director of Palliative Care Services
- Clinical Director of Dental Services
- Associate Director of Finance for Provider Services
- Associate Director with responsibility for Community Hospitals
- Associate Director with responsibility for Community Nursing

Papers circulated to
Provider Services Management Team

Frequency of Meetings
Every two months

Quorum
At least five members including;
Senior Pharmaceutical Adviser (Head of Medicines Management may deputise)
Medical Director or a Clinical lead
An Associate Director

Terms of Reference
General
- To advise the Provider Services Management Team on issues regarding medicines management within provider services

Specifically;
- Identify Medicines Management priorities in the provider services, and ensure that action is taken towards these priorities.
- To report on clinical incidents involving medicine management
- Advise on the management and progression of NPSA alerts.
- Report on the implementation of national directives and guidance relating to medicines management e.g. NICE guidance and Technology Appraisals.
- Advise on the medicines management issues of current and developing services to ensure safe procurement, prescribing, storage and administration of medicines.
- Advise on the non-medical prescribing, including the use of Patient Group Directions.
- Maintain robust links with the PCT Medicines Management Team and Area Prescribing Committee to ensure that the views of the PCT are represented and considered.
Appendix 5

Process flowchart
Clinical Guideline (CG) / Technology Appraisals (TAs)

All newly issued guidance is logged on NICE tracker

CGs are brought to bi-monthly Clinical Audit and Effectiveness Group (CAEG) meeting

TAs are brought to bi-monthly Medicine Management Committee (MMC) meeting

CAEG confirms whether guidance is relevant?

Yes

CG sends the NICE compliance assessment to the clinical lead

Within 4 weeks of receipt

Clinical lead completes and returns the NICE compliance assessment

CAEG reviews the completed NICE compliance assessment

Yes

Clinical leads implements all the actions in the NICE compliance assessment

No

Are Provider Services compliant?

Yes

Intention to implement guidance?

Yes

Clinical leads implements all the actions in the NICE compliance assessment

No

Bring risk assessment details to CAEG to alert risk management – possible inclusion on risk register

CAEG to decide: is audit to be undertaken?

No

Record in NICE guidance tracker

No further action

Yes

Audit overseen by CAEG

Record in NICE guidance tracker

No further action

No / Partially

Intention to implement guidance?

Yes

Clinical leads implements all the actions in the NICE compliance assessment

No

Bring risk assessment details to CAEG to alert risk management – possible inclusion on risk register

CAEG to decide: is audit to be undertaken?

No

Record in NICE guidance tracker

No further action

Yes

Audit overseen by CAEG

Record in NICE guidance tracker

No further action

Key to actions / decisions

- Clinical Governance
- CAEG
- Lead

Clinical Guideline (CG) / Technology Appraisals (TAs)
Appendix 6

Equality Impact Assessment Report Template

Your Equality Impact Assessment Report should demonstrate what you do (or will do) to make sure that your function/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone.

1. Name of policy or function
2. Responsible Manager
3. Date EIA completed
4. Description of aims of function/policy
5. Brief summary of research and relevant data
6. Methods and outcomes of consultation
7. Results of Initial Screening or Full Equality Impact Assessment

<table>
<thead>
<tr>
<th>Initial or Full Equality Impact Assessment?</th>
<th>Initial Assessment</th>
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<tbody>
<tr>
<td>Equality Group</td>
<td>Assessment of Impact</td>
</tr>
<tr>
<td>Race</td>
<td>Low</td>
</tr>
<tr>
<td>Gender</td>
<td>Low</td>
</tr>
<tr>
<td>Disability</td>
<td>Low</td>
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<tr>
<td>Age</td>
<td>Low</td>
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<td>Sexual Orientation</td>
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<tr>
<td>Religion or Belief</td>
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<tr>
<td>Human Rights</td>
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8. Decisions and or recommendations (including supporting rationale) N/A
9. Equality action plan (if required) N/A
10. Monitoring and review arrangements (include date of next full review) 2010

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<tr>
<th>Department</th>
<th>Clinical Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate</td>
<td>Professional Development</td>
</tr>
<tr>
<td>Director</td>
<td>Teresa French</td>
</tr>
<tr>
<td>Report produced by and job title</td>
<td>Renata Bozikovova, Clinical Governance Co-ordinator</td>
</tr>
<tr>
<td>Date report produced</td>
<td>August 2009</td>
</tr>
<tr>
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