# Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

| | Yes/No/ Unsure | Comments |
|---|---|---|
| **Title of Document** | | **NICE Guidance Implementation Policy** |
| Could this policy be incorporated within an existing policy? | N | |
| Does this policy follow the style and format of the agreed template? | Y | |
| Has the front sheet been completed? | Y | |
| Is there an appropriate review date? | Y | |
| Does the contents page reflect the body of the document? | Y | |
| Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | N | |
| Are all appendices appropriate and/or applicable? | Y | |
| Have all appropriate stakeholders been consulted? | Y | |
| Has an Equality Impact Assessment been undertaken? | N/A | |
| Is there a clear plan for implementation? | Y | |
| Has the document control sheet been completed? | Y | |
| Are key references cited and supporting documents referenced? | Y | |
| Does the document identify which Committee/Group will approve it? | Y | |

| Is there an implementation plan in place for this policy? | Y | |
|---|---|---|

**Individual Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

| Name | | Date | |
|---|---|---|---|
| Signature | | | |

**Committee Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

| Name | Lynn Dalton | Date | 20th November 2018 |
|---|---|---|---|
| Signature | | | |

# NICE Guidance Implementation Policy

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| **Version Number** | 3.0 |
| **Ratified by** | HVCCG Commissioning Executive |
| **Date Ratified** | December 2017 |
| **Name of Originator/Author** | Miranda Sutters / Suzanne Walton |
| **Responsible Director** | |
| **Staff Audience** | All staff and stakeholders |
| **Date issued** | January 2018 |
| **Next review date** | October 2020 |

## DOCUMENT CONTROL

| Plan Version | Page | Details of amendment | Date | Author |
|---|---|---|---|---|
| 2.0 | | Policy ratified by Commissioning Executive | 21/12/2017 | Miranda Sutters / Suzanne Walton |
| 3.0 | p.9 | Process for identification of NICE guidelines and other relevant guidance documents (5.1.2). A monthly NICE update bulletin will be produced and disseminated to staff and member practices to ensure awareness of published guidance and guidelines and the potential implications for the local health community. The bulletin will also be published on the CCG website. | 25/10/2018 | Miranda Sutters/ |
| | p.15 | Policy updated to include NICE Fast Track Appraisals (FTAs). In April 2017, NICE introduced a fast-track appraisal (FTA) process for technologies that offer exceptional value for money. The aim is to provide quicker access for patients to the most cost-effective new treatments. | | Charlotte Earl |
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**Appendices**

## 1. INTRODUCTION

This policy describes the way in which Herts Valleys Clinical Commissioning Group (HVCCG) implements NICE guidance.

HVCCG has a legal duty to provide funding for treatments recommended within National Institute for Health and Clinical Excellence (NICE) Technology Appraisals (TAs) normally within 90 calendar days (30 calendar days for Fast Track Appraisals) of the date of publication unless the treatments have been exempted by the Secretary of State. All other NICE Guidance will be considered when developing strategies and planning services. Given that demand for healthcare is greater than the resources available, prioritisation of competing needs cannot be avoided.

HVCCG reserves the right to depart from NICE Guidance, other than Guidance which relates to treatments for patients that are within the specific remit of the Secretary of State's Directions, if HVCCG has a good reason to do so.

Given that demand for healthcare is greater than the resources available, prioritisation of competing needs cannot be avoided. At present it is not possible to fully implement all NICE Guidance on the grounds of affordability. This situation also applies to guidance issued by other bodies such as clinical guidelines and standards produced by professional bodies.

It is essential for decision-makers to understand the difference between Guidance and Directions. It is also essential for them to understand the nature of the different types of guidance produced by NICE.

## 2. PURPOSE

2.1 This policy applies to any patient in circumstances where HVCCG is the responsible commissioner for their NHS care. It equally applies to any patient needing medical treatment where the Secretary of State has prescribed that the CCG is the responsible commissioner for the provision of that medical treatment as part of NHS care to that person.

2.2 HVCCG will implement NICE Technology Appraisals (TAs) in line with the Secretary of State's Directions. HVCCG accepts that it has a legal duty normally to make treatments available to patients whose clinical condition(s) come within the definitions listed in a Technology Appraisal within 90 calendar days (30 calendar days for Fast Track Appraisals) of the date of the appraisal's publication unless the treatments have been exempted by the Secretary of State. These treatments will receive the highest priority for funding during prioritisation. HVCCG will continue to meet its mandates in relation to TAs (including Fast Track Appraisals) by ensuring internal processes are in place to ensure that patients get

treatments they need within the timescale specified. The more global implementation of TAs (and specifically Fast Track Appraisals) will go through the relevant organisational process at the earliest opportunity.

2.3 All other NICE Guidance shall not be treated as statutory guidance, including medical technologies guidance. It will be carefully considered when developing strategies, planning services and prioritising resources. HVCCG reserves the right to depart from NICE Guidance, other than Guidance which relates to treatments for patients that are within the specific remit of the Secretary of State's Directions, if HVCCG has a good reason to do so.

## 3. DEFINITIONS

See appendix 1 for a full list of guidance's produced by NICE

3.1. **Technology Appraisals (TAs) –** which make recommendations on the use of new and existing health technologies. Each TA focuses on a particular technology, which may be a drug, medical device, diagnostic technique, surgical procedure or other intervention. Funding for implementation of these is mandatory, normally within 90 calendar days from the date of publication.

3.2. **Fast Track Appraisals (FTAs)** – which also make recommendations on the use of new and existing health technologies. Funding for implementation of these is mandatory but with a shorter process time than other TAs, to speed up access to the most cost-effective new treatments. Implementation time for FTAs is normally within 30 calendar days from the date of publication.

3.3. **Clinical Guidelines (CGs) –** provide guidance on the appropriate treatment and care of people with specific diseases and conditions and may focus on any aspects. The guidelines are based on the best available evidence and aim to improve the quality of healthcare.

3.4. **Public Health Guidance (PHGs) –** provide guidance on the promotion of good health and the prevention of ill health.

3.5. **Interventional Procedures Guidelines (IPGs) –** covers the safety and efficacy of surgical procedures.

3.6. **NHS Directions** are legally binding instructions to NHS organisations issued by the Secretary of State under section 8 of the National Health Service Act 2006.

3.7. **Guidance** issued to the NHS is non-binding advice which is intended to

assist the NHS in the exercise of its statutory duties. It recommends steps which might be taken, factors which could be taken into account and procedures which could be followed to deliver specified steps of administration or policy. NHS bodies are entitled to take decisions which do not follow Guidance (other than NICE's Technology Appraisals) if they have a good reason to do so. The availability of resources and competing priorities can be a good reason.

3.8. **Quality Standards** are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care.

## 4. ROLES AND RESPONSIBILITIES

### 4.1 Roles and responsibilities within the organisation

4.1.1 The **Accountable Officer** has ultimate responsibility for the operational implementation of NICE guidance within HVCCG.

4.1.2. This policy applies to all CCG employed staff, clinicians and interims with whom we have a contract of service. All CCG staff need to ensure that they review the contents of this policy and assess the relevance to their role.

4.1.3. The Medicines Optimisation Clinical Leads (MOCL) meeting reviews all new NICE guidance in relation to primary care.

### 4.2 Roles and responsibilities within external organisations

4.2.1 The Hertfordshire Medicines Management Committee (HMMC) develop implementation plans for NICE TAs. (See Appendix 3 for the Terms of Reference for HMMC)

4.2.2 The Beds, Herts, West Essex and Milton Keynes Priorities Forum considers NICE guidance in the policies it develops. (See Appendix 2 for the Terms of Reference for the Priorities Forum).

## 5. CONTENT

### 5.1 Process for identification of NICE guidelines and other relevant guidance documents

5.1.1 NICE guidance is published as a series of Technology Appraisal Guidance documents, Multiple Technologies Guidance, Clinical Guidelines, and Interventional Procedures (IP) guidance. These documents are distributed widely within the NHS.

5.1.2 A monthly NICE update bulletin will be produced and disseminated to staff and member practices to ensure awareness of published guidance and guidelines and the potential implications for the local health community. The bulletin will also be published on the CCG website.

5.1.3 NICE guidance is also available from the NICE website https://www.nice.org.uk/. Changes to guidance can be identified via the NICE resource planner (https://www.nice.org.uk/about/what-we-do/into-practice/resource-planner#view), NICE alerts and newsletters. (https://www.nice.org.uk/news/nice-newsletters-and-alerts).

5.1.4 Horizon scanning of the financial impacts of NICE TAs and guidance is completed by the Pharmacy and Medicines Optimisation Team for discussion at HMMC to inform budget setting.

**5.2 Process for implementation of NICE guidelines**

5.2.1 HVCCG complies with mandatory Technology Appraisal Guidance published by NICE with implementation expected within 90 calendar days (30 calendar days for Fast Track Appraisals) of the publication date of the final / amended version, unless the treatments have been exempted by the Secretary of State.

5.2.2 It should be noted that NICE guidelines and Interventional Procedures guidelines are not mandatory.

5.2.3 The Medicines Optimisation Clinical Leads (MOCL) meeting reviews all new NICE guidance in relation to primary care and makes recommendations on implementation. The MOCL group has delegated authority to take decisions within the scope of the project initiation document (see Appendix 4, MOCL Terms of Reference). Major decisions made by the MOCL group will be deferred to the Primary Care Commissioning Committee (PCCC) as per the project initiation document.

5.2.4 Included within its Terms of Reference, the Hertfordshire Medicines Management Committee (HMMC) will:

- Prioritise a work programme for treatments not subject to a NICE TA, in consultation with HMMC members.
- Ensure the NICE TA implementation process is adhered to, with appropriate treatment for the population of HVCCG.

5.2.5 The purpose of the Beds, Herts, West Essex and Milton Keynes Priorities Forum is to advise the NHS in Bedfordshire and Hertfordshire as to the interventions and policies that should be given high or low priority. The Forum advises on non-pharmaceutical technologies where there is no national guidance, or local clarification is required; where the effectiveness or cost-effectiveness of a technology is in question; or where the condition addressed is considered to be a low priority area in terms of population health. The priorities Forum produces guidelines that are intended to help CCGs to choose how to allocate their resources to promote health and prevent disease in the local community. Guidance produced will be based on evidence of clinical effectiveness and economic analysis (cost-effectiveness and cost-benefit analyses) and therefore, relevant NICE guidance will be taken into consideration when recommendations are made.

5.2.6 The Director of Commissioning will ensure that CCG staff involved in commissioning services consider NICE guidance in relation to development of new services, and reviewing and re-designing current services.

5.2.7 The CCG contracting team will ensure that providers commissioned by the CCG have their own policies in place as to how they implement NICE guidance.

5.2.8 If NICE guidance is not followed, the implications of this need to be considered and fully documented along with reasons for non-compliance. Depending on the magnitude of the issue, this needs to be signed off by a Director or the appropriate subcommittee of the Board.

## 6. REFERENCES

**Documents which have informed this policy**
- HVCCGs Prioritisation and Quality Impact Assessment Policy
- NHS Health and Social Care Act 2012
  http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

- Department of Health, The NHS Constitution for England, October 2015, https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

## 7. ASSOCIATED DOCUMENTATION

There is no supporting documentation for this policy.

## 8. POLICY APPROVAL PROCESS

The Commissioning Executive is responsible for the ratification of this policy.

## 9. DISSEMINATION AND COMMUNICATION TO STAFF

The policy will be published on the HVCCG intranet site.

Members of staff will be notified of newly published policies via a policy brief, using the staff briefing mechanisms.

## 10. REVIEW OF POLICIES

The policy will be reviewed every two years, or sooner if required by relevant external guidance or change in legislation.

## Appendix 1: TYPES OF GUIDANCE PRODUCED BY NICE

### 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.

Health professionals should take the NICE cancer service guidance into account when planning, commissioning and organising services for cancer patients. This guidance can be used to identify gaps in local provision and to check the appropriateness of existing services.

### Clinical Guidelines

Clinical guidelines are recommendations 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.

### Aim of clinical guidelines

Good clinical guidelines aim to improve the quality of healthcare. They can change the process of healthcare and improve people's chances of getting as well as possible. Clinical guidelines can:  provide recommendations for the treatment and care of people by health professionals  be used to develop standards to assess the clinical practice of individual health professionals  be used in the education and training of health professionals  help patients to make informed decisions  improve communication between patient and health professional

### Versions of clinical guidelines

NICE produces four versions of its clinical guidelines:  the **full guideline** contains all the recommendations, plus details of the methods used and the underpinning evidence  the **NICE guideline** presents the recommendations from the full version in a format suited to implementation by health professionals and NHS bodies  the **NICE pathway** is an online tool for health and social care professionals that brings together all related NICE guidance, quality standards and implementation tools on a topic in a set of interactive flowcharts  **understanding NICE guidance** is written using suitable language for people without specialist medical knowledge

### Diagnostic Guidance

As part of NICE's work on evaluating medical technologies, the Diagnostics Assessment Programme (DAP) focuses on the evaluation of innovative medical

diagnostic technologies in order to ensure that the NHS is able to adopt clinically and cost effective technologies rapidly and consistently.

Diagnostics includes all types of measurements and tests that are used to evaluate a patient's condition, such as physiological measurements, laboratory tests and pathology tests, imaging tests, and endoscopy.

Diagnosis is the process of identifying whether the patient has a disease at the time of testing. It is performed for patients with specific complaints or in whom signs or symptoms have been noted that may indicate a disease. Tests can have several different uses in the process of diagnosis, for example:

- Ruling in or out a specific disease
- General examination looking for clues to the cause of the symptoms
- Staging, or additional testing to assess how advanced or severe the disease is
- Monitoring a patient over time to determine changes in their condition
- Screening tests to look for conditions in patients without signs or symptoms of the specific condition.

The Diagnostics Assessment Programme (DAP) provides specialist capacity for undertaking complex assessments of diagnostic technologies. In many cases, the meaningful assessment of diagnostic technologies requires detailed knowledge of the post diagnosis care pathways, which results in considerable complexity.

The programme is closely linked to NICE's Medical Technologies Evaluation Programme (MTEP) and the Medical Technologies Advisory Committee (MTAC). MTAC undertakes topic selection for all medical technologies and routes appropriate diagnostics topics to the DAP.

**Interventional Procedures Programme**
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

Where NICE has taken a view that a treatment **should not be used,** funding should not be sanctioned save in the most exceptional circumstances.

## Medical Technologies Guidance

Medical technologies guidance is designed to help the NHS adopt efficient and cost effective medical devices and diagnostics more rapidly and consistently. The types of products which might be included are medical devices that deliver treatment such as those implanted during surgical procedures, technologies that give greater independence to patients, and diagnostic devices or tests used to detect or monitor medical conditions.

## 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).

## Technology Appraisal Guidance

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).

## Fast Track Appraisals

Technology appraisals where funding for implementation of is mandatory but with a shorter process time than other TAs, to speed up access to the most cost-effective new treatments. Implementation time for FTAs is normally within 30 calendar days from the date of publication

## Quality Standards

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. NICE quality standards are derived from high quality guidance such as that from NICE or other sources accredited by NICE. Quality standards are developed independently by NICE, in collaboration with healthcare professionals and public health and social care practitioners, their partners and service users. Information on priority areas, people's experience of using services, safety issues, equality and cost impact are also considered during the development process.

NICE quality standards are central to supporting the Government's vision for a health and social care system focussed on delivering the best possible outcomes for people who use services, as detailed in the Health and Social Care Act (2012).

NICE quality standards enable:

**Health professionals and public health and social care practitioners** to make decisions about care based on the latest evidence and best practice.

**People receiving health and social care services, their families and carers and the public** to find information about the quality of services and care they should expect from their health and social care provider.

**Service providers** to quickly and easily examine the performance of their organisation and assess improvement in standards of care they provide.

**Commissioners** to be confident that the services they are purchasing are high quality and cost effective and focussed on driving up quality.


**Appendix 2 Terms of Reference for Beds, Herts, West Essex and Milton Keynes Priorities Forum**

Priorities-Forum-TOR -march2016.pdf


**Appendix 3 Terms of Reference for Hertfordshire Medicines Management Committee**

## Appendix 4 Terms of Reference for HVCCG Medicines Optimisation Clinical Leads group

**PDF**

MOCL ToR v1.1 June
2018.pdf

## Appendix 5 - HVCCG Equality & Quality Analysis Form

### Step 1:

| Name of 'Policy or function' – this may relate to: | Please summarise the purpose, aims and objectives |
|---|---|
| • Decisions made, Budget, Business Case, Care Pathways Commissioning or De-commissioning, Employees, Function, Practices, Procedure, Processes, Procurement, Projects, Programme, Protocols, Services, Service re-design, Strategy, Systems<br><br>**Policy for the Development, Ratification and Implementation of Policies and Related Procedural Documents** | **See Section 2 of the policy** |

### Step 2:

| Test for relevance: |
|---|
| • **Will this help to deliver one or more of the aims of the Equality Act 2010? (**Eliminating unlawful discrimination, harassment and victimisation, Advancing equality of opportunity between people, Fostering good relation between people)<br><br>• **Will this have a potential impact on the nine protected groups and/or others ('seldom heard' groups) as described in the guidance?** |

Does the above 'Policy' have any relevance to equality?  **Yes ☐ No X**  Please give your reasons for your selection.

**The Policy outlines an organisational process which does not relate to equality in any way**

If you have selected yes, please complete section 3-8 below.